

Case Number:	CM14-0139217		
Date Assigned:	09/05/2014	Date of Injury:	10/03/2000
Decision Date:	10/03/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 38-year-old male with a 10/3/00 date of injury. At the time (7/18/14) of request for authorization for 1 Prescription of Carisoprodol 350mg #60, there is documentation of subjective (low back and bilateral lower extremities pain) and objective (decreased lumbar spine range of motion with spasm and guarding, diminished sensation in the lower extremities, and no abnormal reflexes) findings, current diagnoses (failed low back syndrome, facet pain, and bilateral lower extremities cramping), and treatment to date (medications (including ongoing treatment with Norco, Tramadol, Naproxen, and Carisoprodol since at least 1/24/14), injections, and physical therapy). There is no documentation of short-term (up to two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Carisoprodol use to date.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Prescription of Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Muscle relaxants (for p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of failed low back syndrome, facet pain, and bilateral lower extremities cramping. In addition, there is documentation of ongoing treatment with Carisoprodol and Carisoprodol used as a second line option. However, despite documentation of muscle spasm, and given documentation of a 10/3/00 date of injury, there is no documentation of acute muscle spasm. In addition, given documentation of Carisoprodol use since at least 1/24/14, there is no documentation of short-term (up to two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Carisoprodol use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Carisoprodol 350mg #60 is not medically necessary.