

Case Number:	CM14-0153429		
Date Assigned:	09/23/2014	Date of Injury:	04/30/2013
Decision Date:	10/27/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine, 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:

The injured worker is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 30, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; muscle relaxants; adjuvant medications; unspecified amounts of acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated August 20, 2014, the claims administrator denied a request for carisoprodol. The injured worker's attorney subsequently appealed. The injured worker was placed off of work, on total temporary disability, on that date. On January 28, 2014, multiple medications, including soma, topical compounded creams, and Norco were renewed while the injured worker was again placed off of work, on total temporary disability. On July 1, 2014, the injured worker was again placed on off work, on total temporary disability, while Norco and Neurontin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic. Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or soma is not recommended for chronic or long-term purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is in fact concurrently using an opioid agent, Norco. Adding carisoprodol to the mix is not recommended. Therefore, the request is not medically necessary.