

Case Number:	CM14-0168669		
Date Assigned:	10/16/2014	Date of Injury:	02/07/2011
Decision Date:	12/05/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 39-year-old male who reported an injury on 09/08/2011. The mechanism of injury was not specified. His relevant diagnoses were neural foraminal stenosis bilaterally at both levels and ruptured disc L4-5 and L5-S1. His past treatment was noted to include aqua therapy, medications, and a psychiatric consultation. On 07/23/2014, the injured worker reported low back pain bilaterally which radiated to both lower extremities causing numbness to his feet. Upon physical examination, it was noted he had tenderness to palpation to his bilateral paraspinal muscles and his range of motion was restricted. His medications were noted to include Fentanyl patch 25 mcg, Norco, Soma, and Xanax 2 mg 4 times a day as needed. His treatment plan was noted to include medications. A request was received for Carisoprodol 350 mg #60 without a rationale. The Request for Authorization was not submitted.

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 Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29, 65.

Decision rationale: The request for Carisoprodol 350mg #60 is not medically necessary. According to the California MTUS Guidelines, Soma is not recommended for longer than 2-3 weeks as the side effects outweigh the benefits. The guidelines also suggest that the use of benzodiazepines in conjunction with Soma is contraindicated. The injured worker was noted to have taken Soma for pain relief long-term. It's efficacy in providing pain relief was not documented in the clinical notes. The request is not supported by the evidence based guidelines as the medication being requested is not recommended for long term use and the use of benzodiazepines with this medication is not recommended. Additionally, the frequency and duration of the request was not provided. As such, the request is not medically necessary.