

Case Number:	CM14-0171856		
Date Assigned:	10/23/2014	Date of Injury:	05/06/2008
Decision Date:	12/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal 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:

he injured worker (IW) is a 38-year-old man with a date of injury of May 6, 2008. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated August 8, 2014, the IW complains of back pain and right lower extremity pain. He rates pain 4/10. He continues to have spasms in the low back and feelings that his pain and weakness are increasing, especially in the morning. He continues to get good relief using pain medications. He was denied myofascial massage treatments, which help his symptoms and allow him to keep medications at a low dose. An authorization for physical therapy (PT) is pending. He continues to do light exercise and swimming at home. He is having no side effects or difficulty driving using his medications. He is able to do light activity around the house. Repeat MRI of the lumbar spine dated January 26, 2012 showed discogenic disease, disc protrusion and bulging and extrusions throughout the lumbar spine. At L3-L4, there is right paracentral disc protrusion with extrusion of the right 5 to 6 mm down on the L4 vertebral body. Objective physical findings revealed tenderness and spasms noted to the lumbar paraspinal muscles. Spasms also noted to the area along with tenderness to bilateral facet joints. Sensory change to right L5-S1 dermatomes. Strength is 5/5 bilaterally. The IW was diagnosed with lumbar radiculopathy, low back pain, spinal canal stenosis, and myofascial pain. Current medications include continue Carisoprodol 350mg, and Hydrocodone 10/325mg. Documentation indicated that the IW has been on the aforementioned medications since at least January 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request for Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request for Carisoprodol (Soma) 350 mg #60 is not medically necessary. Muscle relaxants are recommended with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and the short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker was diagnosed with lumbar radiculopathy, low back pain, spinal stenosis most notably at L4 - L5 and myofascial pain. A progress note from January 2014 indicates the injured worker was taking Soma. Soma is indicated for short-term use (less than two weeks) treatment of acute low back pain. In addition to soma not being recommended for long-term use, it is not meant to be combined with opiates at the same time. The injured worker is taking Norco simultaneously with Soma. There is no clinical rationale for the long-term/protracted use of Soma and consequently, Carisoprodol 350 mg #60 is not medically necessary.