

Case Number:	CM14-0178248		
Date Assigned:	10/31/2014	Date of Injury:	08/22/2013
Decision Date:	12/26/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 33-year-old woman who sustained a work related injury on August 22, 2013. Subsequently, she developed chronic neck and low back pain. MRI of the lumbar spine dated May 7, 2014 showed disc desiccation and a 4 mm bulge at L5-S1 with central and bilateral foraminal stenosis. According to the progress report dated August 25, 2014, the patient reported that she experiences pain in her low back and left knee. The patient stated that the pain and numbness travel from her back into the toes of her left foot. The patient wears a left knee brace and ambulates with a single point cane. Examination of the lumbar spine revealed tenderness to palpation with associated myospasms. Limited ranges of motion were noted. Decreased sensation throughout the left lower extremity and, in particular, the left L5 nerve root distribution was noted. Examination of the left knee revealed tenderness to palpation along the medial and lateral joint line. Lateral patella subluxation as noted. Pain with pre-patellar compression was noted. Limited ranges of motion with crepitus were noted. The patient as diagnosed with left knee sprain/strain and compensatory lumbar spine sprain/strain with radicular complaints (per EMG evidence of an acute left L5-S1 lumbosacral radiculopathy, 5 mm disc bulge at L5-S1). The provider requested authorization to use Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg Tab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) ; Muscle relaxants for pain Page(s): 29, 63, 6.

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with muscle spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation that the patient has a benefit from the use of Carisoprodol. There is no evidence of benefit of long term use of Carisoprodol. The request for Carisoprodol 350 mg is not medically necessary.