

Case Number:	CM14-0184184		
Date Assigned:	11/12/2014	Date of Injury:	10/15/2003
Decision Date:	12/16/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/05/2014

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:

This 71 year old male injured his lower back at work on October 15, 2003. He has been diagnosed as having lumbar spine spondylosis. Presently he complains of constant low back pain with radiation into both lower extremities and associated with numbness and tingling in both lower extremities. The pain is constant but worsens with bending, lifting or stooping. It limits his activities of daily living by 60% but medications decrease the symptoms by 85%. Examination on October 3, 2014 showed minimal flexion and extension of the back and tenderness and spasms on palpation of low lumbar paravertebral musculature bilaterally. No imaging studies were available for review. Treatment has included medications (naproxen, hydrocodone, Colace, omeprazole, Sonata, flurbiprofen-menthol-capsaicin topical cream and Norco). Presently, his medications are naproxen, hydrocodone, Colace and omeprazole, all of which reduce his pain by approximately 85%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 29, 63-5, 124.

Decision rationale: Per MTUS, Carisoprodol is a centrally acting skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, Carisoprodol is not recommended by the MTUS for use to treat pain as it is metabolized to meprobamate, a barbiturate and a schedule-IV controlled substance. If this medication is used, it is only indicated for short-term use. This patient has been on carisoprodol therapy for over 4 months. There is no indication to continue use of this medication. Therefore, the request is not medically necessary.