

Case Number:	CM14-0021193		
Date Assigned:	05/07/2014	Date of Injury:	06/28/2006
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/20/2014

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 is a 62-year-old female with a 6/28/06 date of injury. She was a custodian who injured her lower back when helping another employee move a desk across a room. A progress note dated 1/15/14 documented that the patient was seen for follow up of her low back pain. The patient was generally worse in the last month and the patient had not been sleeping well and was feeling very tired. The pain went down to the left leg to the ankle and into the right hip and buttock. Physical exam showed paraspinal muscle tenderness in the lumbosacral region. The provider had requested and planned to continue Norco and Soma and to start amitriptyline. The diagnostic impression includes lumbar disc disease with radiculopathy status post surgery. The treatments to date: Surgery, medication management, activity modification. A utilization review decision dated 2/19/14 certified the request for Soma, adjusting the quantity from 30 tablets with 1 refill to 20 tablets to allow for weaning. The withdrawal symptoms may occur with abrupt discontinuation of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG TA #30 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Carisoprodol.

Decision rationale: The CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. In this case, however, this patient is noted to be on Soma long-term, and the patient is also noted to be on Norco, which increases the risk of respiratory depression and sedation. Therefore, the request for Carisoprodol 350mg #30 with 1 refill is not medically necessary.