

Case Number:	CM14-0022086		
Date Assigned:	05/09/2014	Date of Injury:	09/14/2012
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/21/2014

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 Family Practice, 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 worker is a 47 year old male who injured his lower back on 9/14/12 after carrying something heavy. He was diagnosed with low back pain with radiculitis to the left leg. He started with seeing a chiropractor for a while, which didn't help relieve his lower back pain. He was also prescribed NSAIDs, opioids, and muscle relaxants without significant benefit after a period of time, according to the notes provided. He also was treated with epidural steroid injections, massage therapy, exercises, and acupuncture, all of which also didn't seem to help his pain significantly. He was recommended surgery by his treating physician due to the worker's display of weakness related to nerve impingement and inability to work, and for a period of time the worker stated that he wasn't ready for surgery. On 11/11/13, he agreed to discuss the surgical options with his surgeon. He continued with his oral medications, including Percocet and Soma for the months following.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CARISOPRODOL 350MG, #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma) Page(s): 63-66, 29.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but they provide no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, he was using carisoprodol chronically and without benefit. He failed all conservative treatments that were attempted on him over the prior years and surgery was recommended recently. Due to carisoprodol not being recommended for chronic use and without any evidence of significant benefit with function or pain relief or of an recent acute flare-up which might warrant its temporary use, the request is not medically necessary.