

Case Number:	CM14-0026164		
Date Assigned:	06/13/2014	Date of Injury:	05/20/2010
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation 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 female patient with the date of injury of May 20, 2010. A Progress Report dated January 22, 2014 identifies Problem of persistent low back and bilateral leg pain. Physical Examination identifies she is able to sit but appears uncomfortable. Sitting straight leg raise is positive bilaterally for back and bilateral leg pain. She still has some mild edema in her feet but less pronounced than previous exam. There is increased muscle tone in the calves. Assessment identifies continued severe back and bilateral leg pain, etiology unclear. Further Treatment identifies continue her medications at her current dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG TABLET #120 WITH 2 REFILLS QTY 360.00: 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 section on Muscle relaxants Page(s): 63-66.

Decision rationale: Regarding the request for Carisoprodol, the MTUS Chronic Pain Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma

specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Soma. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by the MTUS Chronic Pain Guidelines. In the absence of such documentation, the currently requested Carisoprodol is not medically necessary.