

Case Number:	CM14-0036647		
Date Assigned:	06/25/2014	Date of Injury:	06/05/2008
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 68-year-old male who reported an injury on 06/05/2008. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar discogenic disease and lumbar facet syndrome. Previous treatment included radiofrequency ablation, trigger point injections, physical therapy, and pain medication. The clinical note dated 11/06/2013 reported the injured worker complained of progressively worsened lower back pain over the past month. The injured worker complained of increased spasms on both sides of his lower back. He described his low back pain as constantly present, aching and throbbing in nature. He rated his pain level 5/10 to 8/10 in severity. Upon physical exam, the provider noted the injured worker was unable to perform toe and heel walk. He noted tenderness to palpation on both sides of the midline and lower lumbar spine. The injured worker had a normal straight leg raise on both sides. The provider noted the lumbar range of motion is painful in both planes and decreased especially in lateral rotation and bending. The provider requested Carisoprodol 350 mg date of service 03/01/2014 #120; however, a rationale was not provided for clinical review. The request for medical necessity was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Carisoprodol 350 mg per 03/01/2014 is not medically necessary. The injured worker complained of progressively worsening lower back pain. He noted increasing spasms on both sides of his lower back. The injured worker rated his pain 5/10 to 8/10 in severity. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. However, in most low back pain cases they show no benefit beyond NSAIDs and overall improvement. There is lack of significant objective findings indicating the injured worker had muscle spasms. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker had been utilizing the medication since at least 11/2013, which exceeds the guideline's recommendations of short-term use for 2 to 3 weeks. Therefore, the request for Carisoprodol 350 mg is not medically necessary at this time.