MAXIMUS Federal Services

Case Number:	CM14-0036993		
Date Assigned:	06/25/2014	Date of Injury:	12/27/2007
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/27/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 42-year-old female with a reported date of injury on 12/27/2007. The injury reportedly occurred while vacuuming. Her previous treatments were noted to include physical therapy, chiropractic care, medications, surgery and heat packs as well as a work hardening program and a right sacroiliac joint injection/arthrogram. Her diagnoses were noted to include lumbar spondylosis, myofascial strain and sciatica as well as status-post an L5-S1 anterior lumbar interbody fusion. The progress note dated 11/22/2013 reported that the injured worker had undergone physical therapy, but she showed no objective or subjective change. The provider reported during the evaluation performed on 10/18/2013 the injured worker lay on the floor due to back pain. The Request for Authorization form was not submitted within the medical records. The request is for carisoprodol 350 mg TA #60 with no refills; but, however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg TA #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

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

Decision rationale: The request for Carisoprodol 350mg TA #60 with no refills is not medically necessary. There is a lack of documentation regarding the length of time the injured worker has been utilizing this medication. The California MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for the short-term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding efficacy and improved function in regards to this medication. The guidelines recommend carisoprodol for short-term use, and there is a lack of documentation regarding the length of time that the injured worker has been taking this medication. Additionally, the request fails to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.