

Case Number:	CM14-0041007		
Date Assigned:	06/30/2014	Date of Injury:	11/16/2011
Decision Date:	08/18/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 58-year-old male with a 11/16/11 date of injury. The mechanism of injury was not noted. According to a 1/30/14 progress note, the patient complained of low back pain. His symptoms were minimal, the pain goes down his leg and gets worse in the morning and he gets better as he goes on during the course of his day. Objective findings were limited to vital signs. Diagnostic impression: L4-L5 stenosis, facet joint syndrome, lumbar strain. Treatment to date: medication management, activity modification, ESI. A UR decision dated 4/3/14 denied the request for Carisoprodol. It was noted in January 2014 that medications will be prescribed for his exacerbation of pain. However, no medications were described. Carisoprodol as a first line of treatment is not indicated. Additionally, the physical exam provided did not document any muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Carisoprodol.

Decision rationale: 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. A specific rationale identifying why Carisoprodol would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Carisoprodol 350 mg #100 is not medically necessary.