

Case Number:	CM14-0041907		
Date Assigned:	06/30/2014	Date of Injury:	01/08/1987
Decision Date:	08/14/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 63 year-old with a date of injury of 01/08/87. A progress report associated with the request for services, dated 02/24/14, identified subjective complaints of low back pain into the legs. Objective findings only included vital signs. Diagnoses included lumbar disc disease with lumbago and chronic pain syndrome. Treatment has included oral analgesics and Soma. An epidural steroid injection was not previously approved. A Utilization Review determination was rendered on 03/12/14 recommending non-certification of Carisoprodol per 2/26/14 form QTY: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol per 2/26/14 form QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: Soma (carisoprodol) is a centrally acting antispasmodic muscle relaxant with the metabolite meprobamate, a schedule-IV controlled substance. The Medical Treatment Utilization Schedule states that carisoprodol is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It has interactions with other

drugs including benzodiazepines, tramadol, and hydrocodone. It is associated withdrawal symptoms and is abused for the above mentioned effects. Therefore, the request of Carisoprodol per 2/26/14 form QTY:1 is not medically necessary and appropriate.