

Case Number:	CM14-0048136		
Date Assigned:	07/02/2014	Date of Injury:	10/19/1988
Decision Date:	08/26/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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 67-year old female with a 10/19/88 date of injury; the mechanism of the injury was not described. The patient had lumbar steroid injections on 12/30/13 that provided 50 % pain relief. The patient has been taking Soma at least from 2/17/14. The patient was seen on 6/9/14 with complaints of aching pain in the neck, shoulders, low back and lateral legs. She also reported stabbing pain in her buttocks and numbness in her feet. The pain was 7/10 without the medications and 4/10 with medications. The pain was exacerbated with prolonged sitting, standing, bending and walking. Exam findings revealed tenderness over the L4-S1 paraspinal muscles, pain with lumbar flexion and extension and positive straight leg raise bilaterally. There was no clonus or increased muscle tone in the lumbar area. The gait was antalgic and the patient ambulated with walker. The diagnosis is lumbar and cervical disc disease, lumbar radiculopathy, myalgia and chronic pain syndrome. Treatment to date: lumbar steroid injections (12/30/13), massage and medications. An adverse determination was received on 3/25/14. The request for Carisoprodol 350mg #90 was modified from 2 refills to 1 refill given that there was no report given to support medical necessity for this prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90 30-day supply with 2 refills: 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 FDA, Carisoprodol Section.

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. The UR decision dated 3/25/14 approved Carisoprodol 350mg #30 with no additional refills to initiate a taper. The patient has been taking Soma at least from 2/17/14. CA MTUS Guidelines do not support long-term use of the muscle relaxant. In addition, there is a lack of documentation indicating that the patient is experiencing muscle spasms. Therefore, the request for Carisoprodol 350mg #90 30-day supply with 2 refills was not medically necessary.