

Case Number:	CM14-0066795		
Date Assigned:	07/11/2014	Date of Injury:	01/13/2007
Decision Date:	10/03/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/09/2014

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 New York and Texas. 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 30 year old male who suffered a work-related injury on 01/13/07. Mechanism of injury is not described. The injured worker has had physical therapy, home exercise program, epidural steroid injections, and MRI. MRI of the lumbar spine dated 06/26/13 compared to MRI scan of 12/23/10 L5-S1 moderate disc degeneration with a 3-5mm bulge/osteophyte and central protrusion cause a moderate central canal stenosis and moderate bilateral foraminal stenosis unchanged since prior study. L4-5 mild central canal stenosis and bilateral foraminal narrowing due to broad central 3mm disc protrusion and mild facet arthropathy, unchanged. On 04/07/14, the injured worker was seen for a follow-up. Reassessment for bilateral low back pain radiating to the buttocks, bilateral lower extremities. He was maintaining 50% relief of his right low back pain and 80% relief of his right lower extremity pain since an epidural steroid injection on 02/06/14. The injured worker was given a prescription for Carisoprodol to help the injured worker sleep and help with spasms. Prior utilization review on 04/19/14 was modified to initiate taper. Current request is for Carisoprodol 350mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma/Carisoprodol Page(s): 29, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care, exceeding the recommended treatment window. Therefore, the request as stated is not medically necessary.