

Case Number:	CM14-0068533		
Date Assigned:	07/14/2014	Date of Injury:	11/14/2006
Decision Date:	10/06/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/13/2014

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 and is licensed to practice in 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 58 year old female who had a work related injury on 11/14/06 to the low back. Most recent clinical documentation submitted for review was dated 03/31/14 the injured worker was in for follow up of back pain, she had been experiencing back pain for more than one year, with radiating pain to the left leg and left hip. The injured worker states at its worst the pain is 10/10 on average about 7/10. Pain was made worse by bending, cold weather, climbing stairs, going down stairs, increased activity, lifting, physical activity, sitting for prolonged periods of time, standing for prolonged periods of time, walking. He got better with hot baths, injections medication and rest. Numbness and pins and needles in association with the pain, weakness due to her pain, weakness in her left leg were all reported. Physical examination inspection of lumbar spine revealed no scoliosis, tenderness to palpation in the spinous processes, and bilateral paraspinal musculature, palpation of sacroiliac joints revealed pain, increased tone and pain to palpation of the pain to palpation of the lumbar paraspinal musculature muscles, hyper irritable spots with palpable nodules and taut bands, extension of lumbar spine was 10 degrees with pain, left lateral flexion was 15 degrees and revealed pain, right lateral flexion was 15 degrees with pain, facet loading was positive bilaterally, sensation decreased to light touch and pin prick in left L4 and L5 dermatomal distribution, strength in the left knee flexion was 4/5, left knee extension 4/5, dorsiflexion on the left 4/5, extensor hallucis longus (EHL) left 4/5, plantarflexion left 4/5, positive straight leg raise on the left negative on the right, hypoactive hypo reflexic knee reflexes bilaterally, antalgic gait favoring the left leg, straight leg raise sitting 90 degrees, 30 degrees on left. Diagnosis listed is degenerative disc disease. Severe and chronic pain low back with radiation to left lower extremity, worse now with neurogenic edema was documented. Prior utilization review on 04/30/14 was noncertified. Current request was for Carisoprodol tablets 350 milligrams quantity ninety one three times a day with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL TAB 350MG DAY SUPPLY 30 QTY 90 REFILLS 00: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long term use. This medication is Food and Drug Administration (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, medical necessity has not been established.