MAXIMUS Federal Services

Case Number:	CM14-0068889		
Date Assigned:	07/14/2014	Date of Injury:	11/28/2001
Decision Date:	10/03/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

Patient is a 55-year-old male with 11/28/01 date of injury.04/08/14 progress report states the back injury in 2001, L5-S1 fusion in 2006. He has been a chronic low back pain patient since. Bilateral transforaminal LESI at the L5-S1 on 02/12/14 gave significant improvement. Patient presents for refill of medications and wants to start reducing them. He is 2 months out from the epidural injection and benefits are lasting.Diagnosis state low back pain, hypogonadism, insomnia secondary to chronic pain, anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Benzodiazepines, Carisoprodol, Opioids Page(s): 24,. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

Decision rationale: CA MTUS states that SOMA is not recommended. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. In

addition, it is stated that this medication is renewed and has 2 pre-existing refills. As the patient has a 2001 date of injury and long-term treatment with soma, the prior determination recommended 45 tablets for short-term treatment only. Records indicate that the patient has been on soma at least since August of 2013. Guidelines do not support this prescription. Non-certify.