

Case Number:	CM14-0074342		
Date Assigned:	10/02/2014	Date of Injury:	10/05/2011
Decision Date:	10/28/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 43 year-old patient sustained an injury on 10/5/11 while employed by [REDACTED]. Request(s) under consideration include Carisoprodol 350mg #90 30-day supply, refills-0. Diagnoses include lumbago; SI joint dysfunction; and trochanteric bursitis s/p L5-S1 discectomy, fusion on 2/17/07 with hardware removal on 6/5/09 prior to current injury claim. Conservative care has included therapy, medications, and modified activities/rest on chronic opioid therapy. Noted was previous peer-review of 3/6/14 for request of carisoprodol 350mg #90 with 2 refills at which time the decision determined certification to #60 for the purpose of tapering to discontinue without refills. Report of 10/2/13 from the provider noted the patient with chronic unchanged pain symptoms with issues in her arms, neck, low back and leg pain rated at 7/10. Current medications list Soma TID, Hydrocodone/APAP, Klonopin, Miralax, Requip, Medrol pak, Toradol, Ambien, and Lyrica. Exam showed lumbar tenderness, pain with range of motion without neurological deficits noted. Diagnosis was lumbago. Treatment plan for medication refills (Duragesic, MS Contin,...), UDS, lumbar MBBs. There is a UDS results dated 5/5/14 noting amongst inconsistencies of positive findings for unprescribed Amphetamine, Norpseudoephedrine, and Pregabalin. Report of 2/26/14 from the provider noted unchanged chronic symptoms and medication regimen. Exam showed normal findings without tenderness, crepitus of extremities except for lumbar spine tender facet joints with limited extension and lateral bending (no degree noted); normal neurological exam. Treatment for refill of medications. Report of 4/11/14 from the PA/provider noted patient came in for Toradol injection due to increased pain rated at 8/10. Medications list Lyrica, Hydrocodone/ APAP, Miralax, Requip, Medrol pak, Trazodone, Soma, Toradol, Duragesic, and Opana. Only vitals were noted without any other physical exam findings documented. There is a UDS results dated 5/5/14 noting amongst inconsistencies of positive findings for unprescribed Amphetamine,

Norpseudoephedrine, and Pregabalin. No follow-up report noting UDS inconsistency seen. The request(s) for Carisoprodol 350mg #90 30-day supply, refills-0 was modified to certify for quantity of #60 for weaning on 4/17/14 citing guidelines criteria and lack of medical necessity.

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, refills-0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: This 43 year-old patient sustained an injury on 10/5/11 while employed by [REDACTED]. Request(s) under consideration include Carisoprodol 350mg #90 30-day supply, refills-0. Diagnoses include lumbago; SI joint dysfunction; and trochanteric bursitis s/p L5-S1 discectomy, fusion on 2/17/07 with hardware removal on 6/5/09 prior to current injury claim. Conservative care has included therapy, medications, and modified activities/rest on chronic opioid therapy. Noted was previous peer-review of 3/6/14 for request of carisoprodol 350mg #90 with 2 refills at which time the decision determined certification to #60 for the purpose of tapering to discontinue without refills. Report of 10/2/13 from the provider noted the patient with chronic unchanged pain symptoms with issues in her arms, neck, low back and leg pain rated at 7/10. Current medications list Soma TID, Hydrocodone/APAP, Klonopin, Miralax, Requip, Medrol pak, Toradol, Ambien, and Lyrica. Exam showed lumbar tenderness, pain with range of motion without neurological deficits noted. Diagnosis was lumbago. Treatment plan for medication refills (Duragesic, MS Contin), UDS, lumbar MBBs. There is a UDS results dated 5/5/14 noting amongst inconsistencies of positive findings for unprescribed Amphetamine, Norpseudoephedrine, and Pregabalin. Report of 2/26/14 from the provider noted unchanged chronic symptoms and medication regimen. Exam showed normal findings without tenderness, crepitus of extremities except for lumbar spine tender facet joints with limited extension and lateral bending (no degree noted); normal neurological exam. Treatment for refill of medications. Report of 4/11/14 from the PA/provider noted patient came in for Toradol injection due to increased pain rated at 8/10. Medications list Lyrica, Hydrocodone/ APAP, Miralax, Requip, Medrol pak, Trazodone, Soma, Toradol, Duragesic, and Opana. Only vitals were noted without any other physical exam findings documented. There is a UDS results dated 5/5/14 noting amongst inconsistencies of positive findings for unprescribed Amphetamine, Norpseudoephedrine, and Pregabalin. No follow-up report noting UDS inconsistency seen. The request(s) for Carisoprodol 350mg #90 30-day supply, refills-0 was modified to certify for quantity of #60 for weaning on 4/17/14. Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2011. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings revealing TTP, and decreased range of motions, without

report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury. The Carisoprodol 350mg #90 30-day supply, refills-0 is not medically necessary.