MAXIMUS Federal Services

Case Number:	CM14-0085195		
Date Assigned:	07/23/2014	Date of Injury:	03/27/2012
Decision Date:	09/08/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 53 year old female who sustained injuries to her low back on 03/27/12. On this date she was helping support a student who tripped resulting in the injured worker falling down with the student landing on top of her. She ultimately underwent surgery for low back and left leg pain which consisted of L5-S1 anterior and posterior fusion with instrumentation. Post-operatively she was noted to have felt better with low back pain and leg pain much improved but developed recurrent back pain. The injured worker underwent a course of physical therapy with improvement and the low back and leg pain increased with activity and prolonged sitting. On physical examination dated 05/09/14: she had a well healed lumbar incision with diminished range of motion of the lumbar spine; reflexes were 2+ and symmetric in the upper extremities and lower extremities. She had 5/5 strength in the bilateral upper extremities and lower extremities. Straight leg raise was absent bilaterally. Sensation was diminished over the left lateral calf. Gait was normal. Radiographs at this visit demonstrated good placement of interbody graft at L5-S1 and placement of instrumentation at L5-S1 more recent physical examinations that noted that the injured worker was well appearing in mild discomfort and had mild pain upon palpation of the lumbar spine. Normal strength noted in the bilateral lower extremities and ambulation is well. The injured worker continued physical therapy and was maintained on oral medications. Utilization review dated 05/14/14 non-certified the request for Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg TA #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64-65.

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

Decision rationale: Clinical records indicate that the injured worker was eight months status post anterior and posterior lumbar interbody fusion at L5-S1. Serial physical examinations do not identify the presence of muscular spasm for which this medication would be indicated. The California Medical Treatment Utilization Schedule does not support chronic use of muscle relaxants for treatment of pain. In addition to this there is limited support for the use of Soma secondary to its addictive properties and potential for abuse. As such, the request for Carisoprodol 350mg TA #60 is not medically necessary.