

Case Number:	CM14-0181038		
Date Assigned:	11/05/2014	Date of Injury:	10/29/1999
Decision Date:	03/30/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 sustained an industrial injury on 10/29/1999. She has reported multiple complaints. The diagnoses have included status post L5-S1 fusion, multilevel degenerative spondylosis with bilateral lower extremity radiculopathy, gastroparesis and chronic abdominal pain status post lumbar fusion, history of osteomyelitis of the jaw, status post left rotator cuff repair and elbow repair 2010, status post total right hip arthroplasty, partial knee replacement, bilateral extremity neuropathy, depression and cervical spondylosis. Treatment to date has included medications, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxants, narcotics, home exercise and cane. Currently, the IW complains of low back and bilateral lower extremity pain. Physical examination from August 25, 2014, documented pain rated 10/10 without medications, ambulation with a cane demonstrated an antalgic gait. Plan of care included continuation of previously prescribed medication, urine toxicology, and to follow up privately for a recent fall. The medications listed on 8/24/2014 are Butrans patch and Zanaflex. On 9/29/2014 Utilization Review non-certified Carisoprodol (Soma) Tablet 350mg, thirty day (30) supply QTY #60, No refill, noting the medication is not recommended for long term use. The MTUS and ODG Guidelines were cited. On 10/31/2014, the injured worker submitted an application for IMR for review of Carisoprodol (Soma) Tablet 350mg thirty day (30) supply QTY #60. No refill.

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: 60 Refills: 00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle Relaxants. Mental Illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term periods of less than 4 weeks during exacerbation of musculoskeletal pain. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with opioids and sedatives. The chronic use of Carisoprodol(Soma) is associated with significant increase in the incidence of addiction and dependency because of the central action of the metabolite meprobamate which is an anesthetic with barbiturate like activity. The records indicate that the patient had been utilizing Soma and other muscle relaxants for many years. The criteria for the use of Soma 350mg #60 was not met.