MAXIMUS Federal Services

Case Number:	CM14-0189069		
Date Assigned:	11/19/2014	Date of Injury:	10/12/1998
Decision Date:	01/08/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 family Medicine, and is licensed to practice in North Carolina. 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 67 year old female injured worker suffered an industrial injury on 10/12/1998. The details of the accident and injury were not included in the documentation provided. The past treatment regimens were also not included. The current diagnoses included lumbago and spasms of the muscles. The physician's exam of 8/26/2014 revealed paravertebral muscle spasms with right sciatic symptoms, along with chronic low back pain. The current conservative treatments included home exercise with a pool, inversion table and traction, medications of Celebrex and Carisoprodol, and a cane. The UR decision of 10/23/2014 denied the request for Carisoprodol citing that the guidelines stated its indication is not intended for long term use as well as there was no evidence submitted of functional improvement while on this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90, 90 day supply, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Skeletal Muscle Relaxant Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Carisoprodol. Carisoprodol 350 mg # 90, 90 day supply, 1 refill, is not medically necessary.