

Case Number:	CM14-0191640		
Date Assigned:	11/25/2014	Date of Injury:	04/18/2007
Decision Date:	02/17/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 patient is a 44 year old female with date of injury 4/18/2007. The mechanism of injury is stated as lifting a heavy object. The patient has complained of low back pain since the date of injury. She was treated with a lumbar fusion of L5-S1 in 01/2010 and microdiscectomy at T7-8 in 06/2012. She has also been treated with trigger point injections, physical therapy and medications. There are no radiographic reports included for review. Objective: tenderness to palpation of the lumbar paraspinal musculature bilaterally, decreased and painful range of motion of the lumbar spine, decreased range of motion of the left hip, decreased motor strength of the lower extremities. Diagnoses: lumbosacral disc disease, low back pain, thoracic pain, left hip pain. Treatment plan and request: Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 66.

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

Decision rationale: This 44 year old female has complained of low back pain since date of injury 4/18/07. She was treated with a lumbar fusion of L5-S1 in 01/2010 and microdiscectomy at T7-8 in 06/2012. She has also been treated with trigger point injections, physical therapy and medications to include Carisoprodol (Soma) since at least 08/2014. The current request is for Soma (Carisoprodol). Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.