

Case Number:	CM14-0208503		
Date Assigned:	12/22/2014	Date of Injury:	03/10/2009
Decision Date:	02/24/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: California, District of Columbia, Maryland
 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:

This male worker was injured on 03/10/2009 while being employed. On physician's comprehensive pain management consultation and report dated 10/30/2014 he was noted to have 2 failed lumbar surgeries and complained of left lumbar, left sacroiliac, sacral, right sacroiliac and right lumbar pain 100% of the time. He was noted to have numbness and tingling in left pelvic, left buttock, right buttock, sacral, left sacroiliac, right sacroiliac, right hip, pubic and left hip pain 50% of the time. On examination he was noted to have a decreased range of motion, positive Kemp's test on right and negative Kemp's test on left. Urine screen was noted to be consistent with medication regimen. His diagnosis was lumbar IVD displacement w/o myopathy, lumbar post - laminectomy syndrome, lumbalgia, neuritis/radiculitis thoracic/lumbosacral, spasm of muscle, shoulder pain, sprain of knee and leg NOS, and failed lumbar fusion x2. His treatment recommendations were aggressive physical therapy of lumbar spine 3x6 with conditioning program to increase overall ADL (activities of daily living) level and medication regimen was noted as Norco 10/325mg TID #90, Soma 350mg BID #60, Senokot 2 tab BID #120 and Cymbalta 20mg QD #30. On provider visit dated 10/07/2014 the injured worker was noted as TTD (temporary total disability) for 30 days. The Utilization Review dated 11/05/2014 noted the request for Carisoprodol Tab 350mg supply 30 Qty 60 as not medically necessary by the physician advisor, however, weaning was recommended 1 x fill (1 month) approved for weaning. The reviewing physician referred to CA MTUS Chronic Pain Medical Treatment Guidelines for recommendations.

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: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 29, medication is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." As this medication is not recommended by MTUS, it is not medically necessary.