

Case Number:	CM14-0209619		
Date Assigned:	12/23/2014	Date of Injury:	07/21/2005
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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 Practice and is licensed to practice in New Jersey. 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 58 year-old male who was injured on 7/21/05. He complains of low back pain radiating to buttocks with occasional numbness and tingling in posterior thighs. On exam, he had muscle spasms of lumbar paravertebral muscles and decreased range of motion of the lumbosacral spine, normal motor, and decreased sensation of lateral border of right foot, and diminished sensation to light touch and pinprick over the lateral border of the left foot. A 3/2013 lumbar MRI showed stenosis from L2-3 to L5-S1 with compression fracture with residual bone impingement at L3. Lumbar x-ray shows no instability. He was diagnosed with lumbar spinal stenosis. A multilevel laminectomy was recommended for the patient. He had a lumbar epidural steroid injection at L3-4. His medications included Norco and Soma. The current request is for Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #60: Upheld

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

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

Decision rationale: The request for Carisoprodol is not medically necessary. Per guidelines, this centrally-acting muscle relaxant is not indicated for long-term use. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. The injured worker is currently on hydrocodone for lower back pain which when combined with Carisoprodol has been described to have effects similar to heroin. Weaning is required due to potential withdrawal syndrome. The risks of Carisoprodol appear to outweigh the benefits. Therefore, it is not medically necessary.