

Case Number:	CM14-0211501		
Date Assigned:	12/24/2014	Date of Injury:	03/10/2014
Decision Date:	02/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/16/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/10/14 when he slipped and fell while cleaning mud from a ditch. He sustained injuries to the thoracic and lumbar spine. Treatments included physical therapy and injections. He was seen on 06/10/14. He was having thoracic and lumbar pain rated at 4/10. He was having mild muscle spasms. Physical examination findings included decreased and painful spinal range of motion. There was right lower thoracic paraspinal muscle tenderness with spasm. Motrin and Vicoprofen were prescribed. On 09/03/14 his condition appears unchanged. Ibuprofen was prescribed. He was seen for an orthopedic evaluation on 12/02/14. His history of injury was reviewed. He was having constant low back pain rated at 3-9/10. He was having difficulty sleeping due to pain and difficulty performing activities of daily living. Medications included Effexor, prescribed for anxiety. Physical examination findings included pain with lumbar spine range of motion. There was decreased lower extremity sensation. Imaging results were reviewed. Recommendations included another epidural injection and a spine surgery evaluation. Ibuprofen 600 mg three times per day and Soma 350 mg two times per day were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg QTY: 60: Upheld

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

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

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for chronic low back pain with radicular symptoms. Soma (Carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed Carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma is not medically necessary.