

Case Number:	CM15-0101797		
Date Assigned:	06/04/2015	Date of Injury:	10/30/2009
Decision Date:	07/08/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 51-year-old female patient who sustained an industrial injury on 10/30/2009. The diagnoses include lumbago, lumbar sprain and chronic pain. According to the primary treating physician's progress report on April 27, 2015; she had complaints of low back pain, which increases with activity. The physical examination revealed full range of motion with pain and positive straight leg rising. Current medications are listed as Norco and Soma. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided. Treatment plan consists of continuing with medication regimen, return visit in one month and the current request for Carisoprodol 350mg.

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 Rx date: 05/13/2015 last filled: 04/14/2015:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 Muscle relaxants (for pain), page 64.

Decision rationale: Request; Carisoprodol tab 350mg day supply: 30 qty: 60 Rx date: 05/13/2015 last filled: 04/14/2015. According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS chronic pain guidelines do not recommended soma for long-term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of acute exacerbation or muscle spasm is not specified in the records provided. The response to anticonvulsants or antidepressants for chronic pain is also not specified in the records provided. The medical necessity of Carisoprodol tab 350mg day supply: 30 qty: 60 Rx date: 05/13/2015 last filled: 04/14/2015 is not medically necessary in this patient at this time.