MAXIMUS Federal Services

Case Number:	CM15-0102496		
Date Assigned:	06/04/2015	Date of Injury:	04/08/2002
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/28/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 58-year-old male who sustained an industrial injury on 04/08/2002. Treatment provided to date has included: spinal cord stimulator with replacement on 12/18/2014; Toradol/B12 injection to the right gluteal region; physical therapy, and medications. Diagnostic tests performed include: x-ray of the left knee (09/05/2013) which was reported to be unremarkable; CT scan of the lumbar spine (03/22/2011) which was reported to show severe degenerative changes at L3-L5 and disc bulge at L4-5; and electromyography and nerve conduction study (11/21/2010) which was reported to show bilateral L5-S1 nerve root impingement (old and chronic) and right tibial neuropathy through the calf. Comorbid diagnoses included history of diabetes. There were no noted previous injuries or dates of injury. On 04/23/2015, physician progress report noted complaints of low back pain with radiating pain down both lower extremities. Pain is rated as 8 (0-10) with medications and 10 without medications, and described as worsening pain and weakness in the lower extremities. The progress report also states that the injured worker reported that medication have reduced his pain and provided improvement in function with activities of daily living. Additional complaints include insomnia, anxiety and depression, and gastrointestinal upset due to medications. The inured worker's current medication regimen included tramadol, carisoprodol, and Vicodin. These medications have been prescribed since for many months. The physical exam revealed an antalgic and slow gait, moderate distress, spasms in the paraspinous musculature of the lumbar spine, tenderness to palpation of the lumbar vertebral, limited/restricted and painful range of motion in the lumbar spine, decreased sensation and strength in the L3-4 dermatome, and

positive straight leg raise on the left. The provider noted diagnoses of lumbar disc displacement, lumbar facet arthropathy, failed lumbar back surgery syndrome, lumbar radiculopathy, status-post fusion of the lumbar spine, right knee pain, gastric reflux disorder, peripheral neuropathy, chronic pain, status post spinal cord stimulator placement, and contusion of the right knee and wrist. Plan of care includes continued medications with monitoring of toxicology. Requested treatments include carisoprodol, tramadol (authorized) and Vicodin (authorized).

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is identification of specific analgesic benefit as a result of the carisoprodol. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The note from December 2014 indicate the patient was on Soma then, and therefore the usage of this 5 months later exceed short-term usage. Given this, the currently requested carisoprodol (Soma) is not medically necessary.