

Case Number:	CM15-0103756		
Date Assigned:	06/08/2015	Date of Injury:	08/14/2012
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 42 year old female, who sustained an industrial injury on August 14, 2012. The injury occurred while lifting objects at work. The injured worker has been treated for low back complaints. The diagnoses have included chronic low back pain, lumbar disc displacement, lumbar/lumbosacral degenerative disc disease, sciatica, neuralgia/neuritis, radiculopathy and lumbar spinal stenosis. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, injections, acupuncture treatments and physical therapy. Current documentation dated February 23, 2015 notes that the injured worker reported low back pain with radiation to the right lower extremity all the way to the foot and occasional radiation the left lower extremity. Associated symptoms include weakness and numbness. The pain was rated a six-seven out of ten on the visual analogue scale with medications. Examination of the lumbar spine revealed tenderness to palpation over the right sacroiliac notch. Range of motion was noted to be painful and decreased. A straight leg raise was positive on the right. The treating physician's plan of care included a request for the medication Carisoprodol 350 mg #90.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guideline, page 65, 2010 Revision Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

Decision rationale: MTUS states regarding Carisoprodol, "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." ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." The requested number of this medication in excess of guideline recommendations. Guidelines do not recommend long-term usage of carisoprodol. Treating physician does not detail circumstances that would warrant extended usage. As such, the request for Carisoprodol 350mg #90 is not medically necessary.