

Case Number:	CM15-0104602		
Date Assigned:	06/08/2015	Date of Injury:	02/17/1998
Decision Date:	07/09/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

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 47 year old female, who sustained an industrial injury on 02/17/1998. On provider visit dated 04/02/2015 the injured worker has reported back pain, sciatic pain and knee pain-left. On examination of the lumbar spine revealed paraspinal spasm, trigger point at L5, sciatic right, sciatic left and iliac crest, range of motion was decreased, sensory exam was abnormal. The diagnoses have included sciatica, knee degenerative joint disease, lumbar spine degenerative joint disease, status post knee surgery and chronic pain syndrome. Treatment to date has included injections, medication: Flector patch, Norco, Restral, Soma, Xanax and Zanaflex. The provider requested Carisoprodol tablets 350mg and Tizanidine Tab 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tablets 350mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1998 and continues to be treated for left knee and radiating back pain. When seen, there had been improvement after a viscosupplementation injection for the knee. She was having moderate to severe radiating back pain. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle spasms and trigger points. Medications being prescribed included Soma and tizanidine both on a long-term basis. Carisoprodol (Soma) 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. In this case, it also appears ineffective. Prescribing carisoprodol is not medically necessary. Carisoprodol (Soma), p29 Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis and appears ineffective. The claimant does not have spasticity due to an upper motor neuron condition. It is therefore not medically necessary.

Tizanidine tab 4mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1998 and continues to be treated for left knee and radiating back pain. When seen, there had been improvement after a viscosupplementation injection for the knee. She was having moderate to severe radiating back pain. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle spasms and trigger points. Medications being prescribed included Soma and tizanidine both on a long-term basis. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis and appears ineffective. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.