MAXIMUS Federal Services

Case Number:	CM15-0109519		
Date Assigned:	06/16/2015	Date of Injury:	09/19/2014
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female who sustained an industrial injury to her mid abdominal region and dorsal spine on 09/19/2014 when lifting cases of soft drinks onto pallets. The injured worker was diagnosed with an incarcerated umbilical hernia and dorsal lumbar sprain. The injured worker underwent repair of the incarcerated umbilical hernia with mesh implant on December 17, 2014. Treatment to date has included diagnostic testing, surgery, conservative measures, physical therapy and medications.According to the primary treating physician's progress report on May 4, 2015, the injured worker continues to experience dorsal back pain without radiation to the lower extremities. Examination demonstrated diffuse tenderness to palpation with muscle guarding in the dorsal spine with limited range of motion. There was minimal tenderness to palpation in the lumbar spine with minimally limited range of motion. Flip test was negative bilaterally. Straight leg raise test was slightly positive for pain in the lower lumbar area, right side more than left side. The lower extremity deep tendon reflexes were 1+. Sensation and motor strength were intact. The umbilical area revealed minimal erythema with acute tenderness and a hard nodule palpable. Current medication is listed as Naproxen. Treatment plan consists of general surgical consultation to assess the abdomen and the current request for Carisoprodol 350mg with refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60 with 3 refills: Upheld

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

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

Decision rationale: Carisoprodol 350mg #60 with 3 refills is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. There are no extenuating circumstances that would using necessitate using this medication long term with 3 refills therefore this request is not medically necessary.