

Case Number:	CM15-0014750		
Date Assigned:	02/02/2015	Date of Injury:	08/19/2009
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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, Washington

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:

This is a female injured worker (date of birth not provided) who reported an injury on 01/08/2009. The current diagnoses include lumbar spondylosis, lumbar spine radiculopathy, and myalgia/myositis. The mechanism of injury was not specifically stated. The injured worker presented on 06/20/2014 with complaints of persistent lower back pain with radiation into the right lower extremity causing numbness and weakness. Upon examination, there was normal motor strength in the bilateral lower extremities, intact sensation to light touch, symmetric reflexes, negative straight leg raise bilaterally, tenderness to palpation, and restricted range of motion in the lumbar spine. The injured worker reported an improvement in symptoms with a previous shoulder injection. Recommendations at that time included a prescription for Soma 350 mg and a transforaminal epidural steroid injection. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #20: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. In this case, there was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for a muscle relaxant has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.