

Case Number:	CM15-0019220		
Date Assigned:	02/09/2015	Date of Injury:	04/25/2014
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26-year-old male who reported an injury on 04/25/2014. The mechanism of injury was not included. His diagnosis included lumbar radiculopathy. His medications included Soma 350 mg and Norco 10/325 mg. His treatments have included pain medication, physical therapy, cold packs, and work modification. The progress report dated 01/15/2015 documented on physical exam positive right straight leg raise, and spasms present in the paraspinal muscles. Diagnostic studies were not included. His surgeries included a lumbar fusion on 09/03/2014. Presently, the injured worker has a left inguinal hernia that he is waiting on surgery approval for repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg 1 tab BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 65.

Decision rationale: The request for Carisoprodol 350mg 1 tab BID #60 is not medically necessary. The California MTUS guidelines state Carisoprodol is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. There is a lack of documentation regarding effectiveness of Soma for control of the injured worker's symptoms, the guidelines do not recommend use longer than 2 to 3 weeks. Therefore, the request for carisoprodol 350 mg 1 tab bid #60 is not medically necessary.