

Case Number:	CM15-0143862		
Date Assigned:	08/04/2015	Date of Injury:	06/03/2004
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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

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 51 year old male, who sustained an industrial injury on June 3, 2004. Treatment to date has included lumbar fusion, aquatherapy, diagnostic imaging, lumbar epidural block injections, physical therapy, and medications. Currently, the injured worker complains of increasing right hip pain and right groin pain. He reports that he uses medications for pain which allows him to function. On physical examination the injured worker has decreased muscle strength throughout the bilateral lower extremities and has full range of motion of the major extremities. His sensation is grossly intact in all major extremities. He has tenderness to palpation over the lumbar paravertebral muscles with spasms. His lumbar spine range of motion is restricted. An MRI of the lumbar spine on May 2, 2015 revealed multilevel neural foraminal narrowing and changes related to an instrumented anterior fusion at L4-5. The diagnoses associated with the request include lumbar radiculopathy and malaise and fatigue. The treatment plan includes naproxen sodium, omeprazole, carisoprodol and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient was injured on 06/03/04 and presents with right hip pain and right groin pain. The request is for CARISOPRODOL 350 MG #30. The RFA is dated 06/23/15 and the patient is on temporary total disability. MTUS Guidelines, under Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has diminished muscle strength throughout, tender paravertebral muscles, spasm, and a restricted range of motion. He is diagnosed with lumbar radiculopathy and other malaise and fatigue. MTUS Guidelines do not recommend the use of Carisoprodol for longer than 2 to 3 weeks. The patient has been taking this medication as early as 03/10/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Carisoprodol IS NOT medically necessary.