

Case Number:	CM15-0146962		
Date Assigned:	08/07/2015	Date of Injury:	01/09/2014
Decision Date:	09/11/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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 38-year-old female, who sustained an industrial injury on January 09, 2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar radiculopathy, lumbar strain, lumbar spondylosis, chronic pain syndrome, and myofascial pain syndrome. Treatment and diagnostic studies to date has included chiropractic therapy, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, physical therapy, electromyogram of the lower extremities, x-ray of the lumbar spine, and medication regimen. Documentation from March 09, 2015 noted a medication regimen of Tramadol, Omeprazole, and Gabapentin. In a progress note dated April 13, 2015 the treating physician reports complaints of constant, sharp, throbbing, and aching pain to the lumbar spine with the pain radiating to the bilateral lower extremities. Examination reveals tenderness to the bilateral lumbar spinous processes, multiple areas of myofascial pain, decreased range of motion to the lumbar spine, positive straight leg raise, and decreased sensation to the bilateral lumbar four and lumbar five dermatomes. The treating physician noted that the injured worker was also on the medication Cymbalta that was noted to be ineffective and was prescribed the medications Tramadol, Venlafaxine, and Xanax. The injured worker's pain level was rated a 7 out of 10 without her medication regimen and the pain was rated a 4 out of 10 with the use of her medication regimen. The documentation provided did not indicate if the injured worker experienced any functional improvement with use of the injured worker's medication regimen. The treating physician requested Carisoprodol 350mg with a quantity of 60 with 2 refills, but the documentation provided the treating physician did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60 with 2 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) Page(s): 63-66.

Decision rationale: The 38-year-old patient complains of pain in the lumbar spine radiating to bilateral lower extremities, rated at 4/10 with medications and 7/10 without medications, as per progress report dated 04/13/15. The request is for Carisoprodol 30 mg # 60 with 2 refills. There is no RFA for this case, and the patient's date of injury is 01/09/14. Diagnoses, as per progress report dated 04/13/15, included lumbar radiculopathy, lumbar strain, lumbar spondylosis, chronic pain syndrome, and myofascial pain syndrome. Medications included Tramadol, Venlafaxine and Xanax. The patient is not working, as per progress report dated 03/10/15. MTUS pg 63-66 states, Muscle Relaxants section: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their 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." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects". In this case, progress report dated 03/09/15 includes a request for Flexeril. However, none of the progress reports documents the use of Carisoprodol or its efficacy. It is not clear if this first prescription for this medication or if the patient has used it in the past. Nonetheless, MTUS only recommends short-term use of Carisoprodol for a 2 to 3 week period. The treater's request for # 60 with 2 refills exceeds that limit and is not medically necessary.