

Case Number:	CM15-0163721		
Date Assigned:	09/01/2015	Date of Injury:	08/24/1993
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 53-year-old male who sustained an industrial injury on 08-24-1993. Initial injuries occurred when the worker fell from scaffolding approximately 10 feet, landing on his buttocks and left upper extremity. Previous treatments included medications, vocational rehabilitation, chiropractic, psychological and psychiatric evaluation, epidural steroid injection, and stretching. Report dated 08-03-2015 noted that the injured worker presented for a flare of back pain after spending the past month out of state doing construction (working on floors) and body work. Pain level was 6-8 (current) and 3-4 (baseline) out of 10 on a visual analog scale (VAS). It was noted that the injured worker has cut down on medication, but has used more hydrocodone-APAP in the past month due to flare of pain. The pain is located mostly in the right low back with radiation to the right buttock. Physical examination revealed the injured worker slow to get up, holds back stiffly, tenderness in the right lower lumbar paraspinal muscles and right glut. Current diagnosis includes low back pain-acute exacerbation on chronic. The treatment plan included continue use of acetaminophen-hydrocodone, continue Tramadol, continue carisoprodol, administered a Toradol injection for acute flare of low back pain, resume body work and limit construction work, continue yoga and other measures that maintain pain control, reduce Soma, check blood pressure, and follow up in 1-2 months. Documentation supports that the injured worker has been prescribed carisoprodol since at least 08-14-2013 for spasms. Disputed treatments include carisoprodol and a Toradol injection.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Per MTUS CPMTG p 29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.

4 Toradol 60mg injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Keterolac.

Decision rationale: The MTUS is silent on Toradol injection. Per the ODG guidelines with regard to Keterolac injections, they are not recommended for the lumbar spine, but are recommended in the shoulder chapter: Recommended as an option to corticosteroid injections, with up to three subacromial injections. Avoid use of an oral NSAID at the same time as the injections. Injection of the NSAID Keterolac shows superiority over corticosteroid injections in the treatment of shoulder pain. As Toradol injection to the lumbar spine is not supported by the guidelines, the request is not medically necessary. Furthermore, the request for 4 injections is not appropriate as it does not allow for assessment of response.