

Case Number:	CM15-0163774		
Date Assigned:	09/01/2015	Date of Injury:	06/04/2013
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 36 year old male, who sustained an industrial injury on 6-4-13. The diagnoses have included lumbar intervertebral disc displacement without myelopathy, cervical intervertebral disc degeneration, degeneration of intervertebral disc, and lumbar sprain. Treatment to date has included medications, activity modifications, diagnostics, trigger point injections and other modalities. Currently, as per the physician progress note dated 8-4-15, the injured worker complains of low back pain and reports that the trigger point injection that was given last visit worked well. The pain was decreased from 5-6 out of 10 to 3 out of 10 on pain scale. The current medications included Naprosyn and Soma. The objective findings-physical exam reveals lumbar tenderness, pain in the lumbosacral left side towards the left buttocks, and pain over the left posterior iliac crest. The range of motion is decreased with flexion 50 degrees extension 15 degrees and pain with motion. There is decreased sensation on the sole of the foot of the posterior leg and seated straight leg raising test is positive. The physician requested treatment included Carisoprodol 350mg #30.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol Page(s): 23.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, the Carsiprodolol was used for several months. The use of SOMA (Carsiprodolol) is not medically necessary.