



Case Number:	CM15-0168141		
Date Assigned:	09/08/2015	Date of Injury:	05/05/2010
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/26/2015

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: New Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58 year old male who sustained a work related injury May 5, 2010. Past history included hypertension and depression. A request for authorization dated April 1, 2015, documents the diagnoses as bilateral pars fracture L5; spondylolisthesis L5-S1; hypertension, with a request for post-operative Soma 350mg #60 with two refills. According to a primary treating physician's progress report, dated April 8, 2015, no new conditions were noted. The plan was to proceed with an anterior and posterior fusion L5-S1. A primary treating physician's progress report dated June 1, 2015, found the injured worker presenting with, "no new conditions ". He relies on a cane for ambulation and wears a back brace. There is restricted range of motion and positive provocative testing, straight leg raise is positive. Treatment plan included a refill of Norco, Soma, and Naprosyn. A cardiology clearance progress notes, dated June 18, 2015, found the injured worker presenting for pre-operative clearance for surgery. Current medication included Sentraline, Simvastatin, Atenolol, Doc-Q-Lace, and Trazodone. He complained of intermittent anterior chest pain when walking, particularly if it is cold and occasional chest flutters lasting a minute without related symptoms. Electrocardiogram revealed sinus rhythm with delayed r wave progression. Treatment included Nitrostat as needed and a Lexiscan. Surgery scheduled for July 13, 2015. A CT of the lumbar spine dated March 5, 2015, (report present in the medical record) impressions revealed; moderate degenerative changes of the sacroiliac joints bilaterally; L5-S1 chronic bilateral pars interarticularis defects are associated with minimal anterolisthesis of L5 on S1; no significant separation is noted at the defects in the inferior articulating processes of L5; a small diffuse bulge is present; foramens are

moderately stenosed; the central canal is wide open. According to utilization review, dated August 14, 2015, the requested Carisoprodol tab 350mg day supply: 30 Quantity: 90 Refills: 0, was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tab 350mg day supply: 30 Qty: 90 Rx Date: 8/6/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, there is no documentation of muscle spasms, cramping or trigger points that require treatment with a muscle relaxant. There is no justification for prolonged use of Carisoprodol. The request for Carisoprodol tablet 350mg is not medically necessary.