

Case Number:	CM15-0181655		
Date Assigned:	09/22/2015	Date of Injury:	10/11/2013
Decision Date:	11/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/15/2015

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 31 year old male, who sustained an industrial injury on 10-11-13. The documentation on 9-1-15 noted that the injured worker has complaints of lower back pain as well as numbness and tingling in his left lower extremity. There is spasm present in the paraspinal muscles and tenderness to palpation of the paraspinal muscles. The documentation noted that examination showed deficit in both feet and range of motion was restricted. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included omeprazole; norco; carisoprodol and ibuprofen. The original utilization review (9-11-15) non-certified the request for carisoprodol 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60: 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), Muscle relaxants (for pain).

Decision rationale: The patient presents with low back pain. The request is for CARISOPRODOL 300MG #60. Physical examination to the lumbar spine on 09/29/15 revealed tenderness to palpation to the paraspinal muscles with spasm. Range of motion was noted to be restricted. Per 07/07/15 Request For Authorization form, patient's diagnosis includes lumbar radiculopathy and pain in limb. Patient's medications, per 09/01/15 progress report include Omeprazole, Hydrocodone-APAP, Carisoprodol, and Ibuprofen. Per 09/29/15 progress report, patient is temporarily totally disabled for 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) section, page 29 states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain) section, pages 63-66, under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: "Neither of these formulations is recommended for longer than a 2 to 3 week period." The treater has not discussed this request. Review of the medical records provided indicates that the patient has utilized Carisoprodol since at least 07/07/15. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Furthermore, the guidelines recommend Carisoprodol for no longer than 2-3 weeks and the current request for #60, in addition to prior use does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.