MAXIMUS Federal Services

Case Number:	CM15-0187250		
Date Assigned:	10/06/2015	Date of Injury:	01/09/2014
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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, Hawaii
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 1-9-2014. The initial injury was not documented in the records submitted for this review. Diagnoses include lumbar strain, radiculopathy, spondylosis, chronic pain syndrome, and myofascial pain syndrome. Treatments to date include activity modification, medication therapy, and physical therapy. The most recent record submitted for this review was a pain medicine evaluation dated 4-13-15. It documented she complained of ongoing pain in the low back with radiation to bilateral lower extremities. Pain was rated 7 out of 10 VAS without medication, and 4 out of 10 VAS with medication. The physical examination documented tenderness over the lumbar spinous processes with multiple areas of myofascial pain noted. There was decreased lumbar range of motion and a positive straight leg raise test. The plan of care included discontinuation of Cymbalta, and prescriptions were provided for Tramadol, Venlafaxine (Effexor), and Xanax. The medical records submitted did not include documentation of a prior or current prescription for Carisoprodol. The appeal requested authorization for Carisoprodol (Soma) 350mg #60. The Utilization Review dated 9-15-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Carisoprodol 350mg, #60 (per order 6/23/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral lower extremities. The current request is for Retrospective Carisoprodol 350mg, #60 (per order 6/23/15). The requesting treating physician report was not found in the documents provided. The MTUS guidelines page 29 states the following for Carisoprodol (Soma): "Not recommended. This medication is not indicated for long-term use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. In this case, the most current progress report provided for review was dated 4/13/15 (18) and therefore it is unclear if the use of the medication is outside the 2-3 weeks recommended by MTUS. Furthermore, Soma is not recommended as outlined on page 29. The current request is not medically necessary.