

Case Number:	CM15-0188713		
Date Assigned:	09/30/2015	Date of Injury:	08/11/2014
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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: Emergency 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:

This is a 33 year old female with a date of injury on 8-11-14. A review of the medical records indicates that the injured worker is undergoing treatment for lower back and hip pain. Progress report dated 8-26-15 reports continued complaints of constant, sharp, burning, worsening back pain rated 7 out of 10. The pain worsens with prolonged sitting and is relieved with pain medicine currently taking percocet. Objective findings: she walks with an antalgic gait, she has tenderness with palpation to lumbosacral spine, lumbar spine range of motion is severely restricted. Work status: work with restrictions. Treatments include: medication, physical therapy, acupuncture, injections, L4-L5, L5-S1 transforaminal (6-9-15) and hip surgery (July 2015). EMG revealed right radiculopathy and MRI revealed minimal L4-L5, L5-S1 spondylosis. Request for authorization was made for Carisoprodol tab 350 mg 20-day supply quantity 60 with 1 refill. Utilization review dated 9-15-15 non-certified the request.

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: 20 Qty: 60 Refills 1 (Rx date 9/9/2015): 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: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The documentation does not provide any rational justification for this medically inappropriate medication. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.