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| Case Number: | CM15-0188910 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 10/27/2009 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 08/27/2015 |
| 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: North Carolina

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 41 year old male, who sustained an industrial injury on 10-27-2009. The injured worker was diagnosed as having thoracic sprain-strain, lumbar sprain-strain, and chronic pain, other. Treatment to date has included physical therapy, acupuncture, chiropractic, and medications. Currently (per the Initial Pain Medication Consultation dated 8-17-2015), the injured worker complains of constant low back pain, described as aching, dull, sharp, and moderate to severe in intensity. He reported his pain as "recently worsened" and pain was rated 4 out of 10 with medications and 7 out of 10 without. Pain was aggravated with activity, bending, and prolonged sitting-standing and improved with bed rest. He reported ongoing limitations with activities of daily living, noting "activity, sleep and sex". He was working full time without restrictions. Exam of the thoracic spine noted tenderness in the paravertebral region. Lumbar exam noted tenderness to palpation in the L3-5 levels and provocation of lumbar pain when going from flexion to neutral position. He was to "renew current medications", noting Carisoprodol ("decrease dosage to 350mg 1 po bid prn spasm"), Gabapentin, and Hydrocodone-APAP. It was documented that he was taking Aleve, Motrin, and Tylenol (from another physician). The duration of Carisoprodol use could not be determined, nor could previous dosages. The treatment plan included Carisoprodol 350mg #60, modified by Utilization Review on 8-28-2015 to Carisoprodol 350mg #45, for weaning to off over the next 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tab 350mg bid #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): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back pain this is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.