

Case Number:	CM15-0189011		
Date Assigned:	10/01/2015	Date of Injury:	06/26/2015
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 36 year old female with a date of injury of June 26, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral sprain. Medical records dated June 30, 2015 indicate that the injured worker complains of back pain and right hip pain. A progress note dated July 23, 2015 notes subjective complaints of lower back pain rated at a level of 10 out of 10. Per the treating physician (July 23, 2015), the employee had work restrictions that included limited stooping, bending, kneeling and squatting, no lifting, pushing, or pulling over 10 pounds, and must wear back support. The physical exam dated June 30, 2015 reveals no weakness of the lower extremities, no thoracolumbar spasms, tenderness of the lumbar and coccyx, and restricted range of motion of the back. The progress note dated July 23, 2015 documented a physical examination that showed an abnormal gait, abnormal posture, loss of lumbosacral lordosis, spasms of the paravertebral musculature, tenderness of the paravertebral musculature, and restricted range of motion of the back. Treatment has included one chiropractic treatment and medications (Etodolac ER 600mg since at least June of 2015; Cyclobenzaprine 5mg since at least July 17, 2015). The original utilization review (August 31, 2015) non-certified a 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 350 mg Qty 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).

Decision rationale: Not recommended. This medication is not indicated for long-term use. MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request is in excess of the guidelines. As such, the request for Carisoprodol 350 mg Qty 60 is not medically necessary.