

Case Number:	CM15-0198481		
Date Assigned:	10/13/2015	Date of Injury:	12/22/2014
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 41-year-old who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of December 22, 2014. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve a request for carisoprodol with an associated shipping and handling fee. The nature of the shipping and handling fee was not clearly characterized on the Utilization Review report of October 1, 2015, although it was suggested that the fee represented a delivery fee for mailing carisoprodol. A July 1, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 18, 2015, it was acknowledged that the applicant was not working owing to heightened low back pain complaints. The applicant received two prior epidural steroid injections. The applicant was placed off of work, on total temporary disability. The applicant exhibited a visibly slow and antalgic gait. Soma and Naprosyn were renewed and/or continued at this point. On August 22, 2015, the applicant was asked to continue his current medication regimen. The applicant's medication list was, it was incidentally noted, detailed at this point. On an earlier note dated March 4, 2015, it was acknowledged that the applicant was using Naprosyn, Robaxin, Xanax, and blood pressure-lowering drugs. On an RFA form dated August 7, 2015, Soma, Naprosyn, and drug testing were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

Decision rationale: No, the request for carisoprodol (Soma) is not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended in the chronic pain context present here. The renewal request for 45 tablets of carisoprodol, thus, was at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which recommends a two- to three-week limit for carisoprodol usage. Here, however, the applicant had been using carisoprodol for a minimum of several months as of the date of the request. Therefore, the request is not medically necessary.

One (1) shipping and handling fee: 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), Carisoprodol (Soma).

Decision rationale: Similarly, the request for a shipping and handling fee is likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanied the primary request for carisoprodol (Soma). The request seemingly represented a request to absorb the cost of postage associated with mail delivery of carisoprodol. However, since the primary request for the same was deemed not medically necessary above, in question #1, the derivative or companion request for associated shipping and handling fee was likewise not indicated. Therefore, the request is not medically necessary.