

Case Number:	CM15-0200739		
Date Assigned:	10/16/2015	Date of Injury:	02/09/2009
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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, Illinois

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 injured worker is a 55-year-old female, with a reported date of injury of 02-09-2009. The diagnoses include status post cervical neural foraminotomy, thoracic spine degenerative disc disease, and low back pain. Treatments and evaluation to date have included physical therapy, rhizotomy at L4-5 on 06-05-2014, right selective nerve root block at C4-5, and cervical neural foraminotomy. The diagnostic studies to date have included an MRI of the lumbar spine on 09-25-2015 which showed disc bulges at L3-4, L4-5, and L5-S1 without significant spinal canal or neural foraminal narrowing; and an MRI of the thoracic spine on 09-11-2015 which showed multilevel disc degeneration and probable small central disc protrusion at T5-6, T6-7, and T7-8 without spinal stenosis, cord compression, or foraminal encroachment. The medical report dated 09-21-2015 indicates that the injured worker was status post cervical neural foraminotomy. It was noted that she was "pleased" and saw improvement. The objective findings include an intact neurologic function. The treatment plan included the continuation of physical therapy modalities. The injured worker's work status was not indicated. The medical report dated 08-24-2015 indicates that the injured worker was doing well after the cervical neural foraminotomy procedure. The objective findings include an intact neurologic function and a clean and dry wound. The treating physician requested Carisoprodol 350mg #60. On 09-30-2015, Utilization Review (UR) non-certified the 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 Tab 350mg Day Supply: 30 QTY: 60: 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): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on 02-09-2009. The diagnoses include status post cervical neural foraminotomy, thoracic spine degenerative disc disease, and low back pain. Treatments have included physical therapy, rhizotomy at L4-5 on 06-05-2014, right selective nerve root block at C4-5, and cervical neural foraminotomy. The medical records provided for review do not indicate a medical necessity for Carisoprodol Tab 350mg Day Supply: 30 QTY: 60. The MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Carisoprodol (Soma) is a muscle relaxant with a recommended dosing of 250 mg-350 mg four times for no longer than 2-3 weeks. The medical records do not indicate the injured worker is being treated for acute exacerbation of low back pain; besides, according to the Utilization report, the medication was intended to be used as needed, which would mean using it for longer than the recommended 2-3 weeks. Therefore, the request is not medically necessary.