

Case Number:	CM15-0031512		
Date Assigned:	02/24/2015	Date of Injury:	01/24/2007
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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: Physical Medicine & Rehabilitation

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 47 year old male with an industrial injury dated 01/24/2007. His diagnoses include lumbar spondylosis, lumbar radiculitis, degenerative disc disease, chronic pain syndrome, low back pain, and lumbar disc pain. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, physical therapy and injections. In a progress note dated 02/02/2015, the treating physician reports continued low back and right lower extremity pain nerve pain with both described as a burning like sensation with a pain rating of 4/10 with medications and 10/10 without medications. It was reported that there continued to be muscle spasms. The objective examination revealed an antalgic gait, slightly decreased strength in the right lower extremity, decreased sensation over the right L5-S1 dermatome, tender sacroiliac joints on the right, positive Patrick's sign and Gaenslen's maneuver on the right, tenderness over the paraspinals on the right, positive straight leg raises on the right, and increased pain with range of motion. The treating physician is requesting carisoprodol tablets which was denied by the utilization review. On 02/10/2015, Utilization Review non-certified a prescription for carisoprodol tablets 350mg #30, noting that there was no report regarding attempted trial from a non-habit forming muscle relaxant for a short period for attempted pain control muscle spasms, and no reported myospasms in the most recent treatment noted to support the use of this medication. The MTUS ACOEM Guidelines were cited. On 02/19/2015, the injured worker submitted an application for IMR for review of carisoprodol tablets 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tabs 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 02/02/15 progress report provided by treating physician, the patient presents with low back and right leg pain rated 4/10 with, and 10/10 without medications. The request is for CARISOPRODOL TABS 350MG #30. Patient's diagnosis on 02/02/15 included lumbar spondylosis and lumbar degenerative disc disease. Patient's medications include Soma, Norco and Nucynta. The patient is permanent and stationary, per treater report dated 02/02/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per treater report dated 02/02/15, patient is prescribed Soma for acute flare ups of muscle spasms. Soma has been included in patient's medications, per treater reports dated 08/14/14, 12/04/14, and 02/02/15. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Furthermore, the request for quantity 30 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.