

Case Number:	CM15-0032881		
Date Assigned:	02/26/2015	Date of Injury:	06/30/2008
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/23/2015

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 31 year old male who sustained an industrial injury on 06/30/2008. Current diagnosis includes lumbar spine herniated nucleus propulsus. Previous treatments included medication management. Report dated 02/12/2015 noted that the injured worker presented with complaints that included continued lumbar spine pain. Medication regimen includes Norco and Soma. Physical examination was positive for abnormal findings. Utilization review performed on 01/22/2015 non-certified a prescription for Carisoprodol, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had lumbar spasms. However, there was a lack of documentation indicating if the medication was for a refill or for the initial use. This medication would not be supported for 30 tablets as it is recommended for no more than 3 weeks. If this was a refill, the medication would not be supported as the efficacy was not provided and there were no exceptional factors for use past 3 weeks. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for carisoprodol 350 mg #30 is not medically necessary.