

Case Number:	CM15-0033202		
Date Assigned:	02/27/2015	Date of Injury:	08/01/2011
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
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, Pain Management

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 50 year old male, who sustained an industrial injury on 8/1/2011. He has reported a fall off a ladder resulting in injury to the foot/leg and back. The Magnetic Resonance Imaging (MRI) on 2/9/15 was significant for degenerative changes, annular fissuring, osteoarthritis, and disc protrusion seen in the lumbar spine. The diagnoses have included lumbar strain/sprain secondary to injury and lumbar disc syndrome. Treatment to date has included medication therapy, physical therapy, chiropractic treatment and lumbar epidural steroid injection. Currently, the IW complains of back pain with radiation to bilateral lower extremities down to ankles. Physical examination from 10/8/14 documented observation on ambulation with distress. There were positive tests including straight leg, Kemps, and Minor's sign bilaterally. The current medications listed were Motrin and Hydrocodone. The plan of care included chiropractic therapy, non-surgical spinal decompression, and electric muscle stimulation. On 2/2/2015 Utilization Review non-certified Carisoprodol (Soma) tablets 350mg #90, noting the medical necessity was not established. The MTUS Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of Carisoprodol (Soma) tablets 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (Soma) 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 29, 64-66.

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

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Furthermore, the submitted documentation does not indicate any rationale for this, and recent exams including one from October 8, 2014 do not show muscle spasm. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.