

Case Number:	CM15-0036424		
Date Assigned:	04/06/2015	Date of Injury:	07/11/2006
Decision Date:	05/05/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43-year-old female, who sustained an industrial injury on July 11, 2006. She reported intractable low back pain and depression. The injured worker was diagnosed as having lumbosacral degenerative disc disease, status post lumbar fusion, chronic pain syndrome, opioid dependency, anxiety and depression. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative therapies, medications and work restrictions. Currently, the injured worker complains of low back pain, chronic and intractable. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 19, 2014, revealed continued pain. A muscle relaxant and other medications were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tab 250mg, 30 day supply, Qty: 60 Refills: 2 Rx date: 1/30/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) - Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Carisoprodol (Soma).

Decision rationale: Carisoprodol tab 250mg, 30 day supply, Qty: 60 Refills: 2 Rx date: 1/30/2015 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long-term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. There are no extenuating circumstances that would warrant the continuation of this medication long term, which is against MTUS guideline recommendations. The request for continued Carisoprodol is not medically necessary.