MAXIMUS Federal Services

Case Number:	CM15-0038628		
Date Assigned:	03/09/2015	Date of Injury:	06/25/2009
Decision Date:	05/22/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	03/02/2015

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 61-year-old female with an industrial injury dated 12/08/2001 of unknown mechanism. Diagnoses includes lumbar disc disorders, lumbago, cervical pain, lumbar radicular pain, cervical disc disorder, cervical radiculitis, and post laminectomy syndrome in the lumbar region. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications, lumbar laminectomy (2002), physical therapy, and aquatic therapy. In a progress note dated 01/15/2015, the physician reports low back, left leg, neck and upper extremity pain. The objective examination revealed paravertebral tenderness in the lumbar spine, tenderness to palpation of the paraspinal musculature, and positive straight leg raises on the left. The treating physician is requesting carisoprodol tablets, which was denied by the utilization review. On 01/22/2015, Utilization Review non-certified a prescription for carisoprodol tablets 350mg day supply: 15 quantity: 60, noting that the MTUS guidelines were cited.

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: 15 QTY: 60: Upheld

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

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

Decision rationale: The patient presents with chronic low back pain that radiates to both legs. The request is for CARISOPRODOL TAB 350MG DAY SUPPLY: 15 QTY: 60. The provided RFA is dated 01/15/15 and the date of injury is 06/25/09. Diagnoses includes lumbar disc disorders, lumbago, cervical pain, lumbar radicular pain, cervical disc disorder, cervical radiculitis, and post laminectomy syndrome in the lumbar region. Per 12/08/14 report, physical examination of the lumbar spine revealed tenderness to palpation. Straight leg raise test is positive, bilaterally. Previous treatments have included conservative measures, medications, lumbar laminectomy (2002), physical therapy, and aquatic therapy. Medications include Soma, Oxycodone 10mg, Oxycontin 20mg, and Cephalexin. The patient is disabled, per 01/20/15 report. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma #130, Soprodal 350, Vanadom #130, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The request IS / IS NOT medically necessary. Treater has not provided a reason for request. MTUS recommends Soma only for a short period. Soma was first prescribed to the patient per treater report 01/16/15. Furthermore, the same treater reports that request for Soma, state Soma to be a "failed medication". MTUS recommends the use of Soma for no longer than 2-3 weeks. The request is not within MTUS guidelines and therefore, IS NOT medically necessary.