

Case Number:	CM15-0053140		
Date Assigned:	03/26/2015	Date of Injury:	11/08/1985
Decision Date:	05/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on 11/08/85. Diagnoses include post lumbar laminectomy syndrome, spinal/lumbar degenerative disk disease, lumbar radiculopathy, chronic back pain, and hip bursitis. Treatments to date include medications, epidural steroid injections, bilateral intra-articular sacroiliac injections, bilateral rhomboid trigger point injections, a right shoulder injection, knee surgery, and botox injections. Diagnostic studies include EKG, GI pathology, nerve conduction studies, and CT scans. Current complaints include lower backache and right hip pain. In a progress note dated 03/05/15 the treating provider reports the plan of care as continued Senna, OxyContin, Norco, Soma, Lyrica, Lunesta, Celebrex, Cymbalta, Zegerid, Miralax, Omeprazole, Lidoderm patches, and Carisoprodol. The requested treatment is Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #56 (DOS 03/05/0215): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants AND Carisoprodol Page(s): 29, 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, she was using carisoprodol chronically for her low back pain and spasm. However, there was insufficient recent reporting on how this medication improved her function measurably to help justify its continuation. Regardless, however, this medication is not recommended to be used chronically as was the case with this worker. Therefore, the carisoprodol will be considered not medically necessary at this time. Weaning is recommended.