

Case Number:	CM15-0086445		
Date Assigned:	05/08/2015	Date of Injury:	07/02/2005
Decision Date:	06/09/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, California

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:

This is a 55 year old female with a July 2, 2005 date of injury. A progress note dated March 30, 2015 documents subjective findings (lower back pain radiating to the right greater than left leg that is worsening; pain is rated at a level of 8-9/10; hip pain; thigh pain; knee pain; ankle pain; foot pain), objective findings (decreased range of motion of the lumbar spine; paraspinal tenderness with paraspinal spasms; well-healed incision noted anteriorly and posteriorly, secondary to 360-degree arthrodesis), and current diagnoses (status post 360-degree arthrodesis of the lumbar spine with persistent mild radiculopathy of the right, status post hardware removal on lumbar spine; failed low back syndrome). Treatments to date have included lumbar spine surgery, medications, interferential unit, electromyogram, and magnetic resonance imaging of the lumbar spine. The treating physician documented a plan of care that included Tramadol, Glucosamine, and Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carsiprodolol Page(s): 29.

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Tramadol which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.