

Case Number:	CM15-0087956		
Date Assigned:	05/12/2015	Date of Injury:	02/06/2003
Decision Date:	06/22/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/07/2015

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 60 year old male, who sustained an industrial injury on February 6, 2003. He reported lumbar spine pain, bilateral knee pain and right foot pain. The injured worker was diagnosed as having multilevel degenerative disc disease and facet arthropathy of the lumbar spine, status post lumbar surgery, bilateral knee degenerative joint disease with arthralgia, status post right knee surgery, depression, gastritis and right midfoot and forefoot pain and arthralgia. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued mid and low back pain with pain radiating to the feet and a sensation of bilateral feet being in hot water constantly. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. It was noted physical therapy was not improving the pain and medications did not provide benefit as expected. Evaluation on October 8, 2014, revealed continued pain as noted with associated symptoms. He was noted to have an antalgic gait and to ambulate with a cane for support. Medications were renewed. Evaluation on November 7, 2014, revealed continued pain as noted. Functional improvement was noted with physical therapy and pain medication. It was noted he wished to continue therapy secondary to improved life quality. Gastrointestinal upset was noted with the use of pain medications. Left knee orthovisc injection was recommended. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Antispasmodics, Carisoprodol, NSAIDS, GI systems & cardiovascular risk Page(s): 22, 64, 29, 68-69.

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

Decision rationale: Carisoprodol 350 mg Qty 90 is not medically necessary per the MTUS Guidelines. The MTUS guidelines recommend against using Carisoprodol (Soma) and state that it is not for long term use. The MTUS 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 use of this medication long term. The request for Soma is not medically necessary.