

Case Number:	CM15-0089204		
Date Assigned:	05/13/2015	Date of Injury:	07/12/2011
Decision Date:	06/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old female who sustained a work related injury on July 12, 2011. According to an operative room report dated March 31, 2015, the injured worker presented in the operating room and underwent a L4-L5 bilateral laminectomy, L4-L5 posterior spinal fusion, pedicle screw instrumentation, and spondylolisthesis reduction, transforaminal lumbar interbody fusion using a PEEK spacer, local bone graft harvesting and decompression of L4-L5 nerve roots cauda equine bilaterally. Post-operative diagnoses are L4-L5 spondylosis, stenosis, spondylolisthesis, and immense debility. The injured worker tolerated the procedure well without complications. On discharge, April 3, 2015, she is stable and ambulating and will have physical therapy and home health services. At issue, is the request for Carisoprodol (Soma).

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 13 Qty 40 refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for Pain) Antispasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain - Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The injured worker sustained a work related injury on July 12, 2011. The medical records provided indicate the diagnosis of L4-L5 spondylosis, stenosis, spondylolisthesis, Treatment include L4-L5 bilateral laminectomy, L4-L5 posterior spinal fusion, pedicle screw instrumentation, and spondylolisthesis reduction, transforaminal lumbar interbody fusion using a PEEK spacer, local bone graft harvesting and decompression of L4-L5 nerve roots cauda equine bilaterally. The medical records provided for review do not indicate a medical necessity for Carisoprodol TAB 350mg Day supply 13 Qty 40 refills 1. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Carisoprodol is a muscle relaxant taken as 250 mg-350 mg four times a day for not loner than 2-3 weeks. The medical records indicate the injured worker has been on muscle relaxants at least since 11/2014. The request is not medically necessary.