

Case Number:	CM14-0122883		
Date Assigned:	08/08/2014	Date of Injury:	01/04/2005
Decision Date:	09/30/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old female who reported an injury on 01/04/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 06/04/2014 indicated a diagnosis of chronic back pain. The injured worker reported constant low back pain rated 7/10 to 8/10 which radiated into the bilateral lower extremities with associated numbness and tingling. The injured worker reported her low back felt better since her last visit. The injured worker also reported symptoms of anxiety, depression, stress, and insomnia. The injured worker reported her bowel movement was normal with medication. Her quality of life was limited. The injured worker reported she was on Oxycodone, Senna, Kadian, and Ambien. However, she reported she had not received Soma and Lidoderm. The injured worker reported her medications provided 60% relief and that she had been doing the home exercise program. On physical examination, the injured worker had an antalgic gait and was guarded. The injured worker had tenderness to palpation of the lumbar spine with restricted range of motion. The injured worker's lower extremity motor strength was intact. The injured worker's treatment plan included prescription refills for the following medications: Roxicodone, Kadian, Senna, Soma, and Lidoderm. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Oxycodone, Kadian, Senna, and Lidoderm patch. The provider submitted a request for carisoprodol. A Request for Authorization dated 06/04/2014 was submitted for carisoprodol. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tab 350 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. There is a lack of documentation of efficacy and functional improvement with the use of carisoprodol. In addition, the request does not indicate a frequency. Therefore, the request is not medically necessary.