

Case Number:	CM14-0160383		
Date Assigned:	10/06/2014	Date of Injury:	11/01/2000
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational 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 63-year-old female who sustained an injury on November 1, 2000. She is diagnosed with (a) cervical disc displacement without myelopathy, (b) lumbar degeneration, (c) lumbar spinal stenosis, (d) lumbar disc displacement without myelopathy, (e) lumbago, and (f) fibromyalgia. She was seen for an evaluation on September 29, 2014. She reported that she continued to have persistent low back pain with radiation to lower extremities. She also reported some intermittent numbness and tingling sensations. She continued to work and was able to tolerate her work generally well especially with use of medications. Examination of the lumbar spine revealed tenderness over the lumbosacral junction. Range of motion was decreased by 40% with flexion, 50% with extension, and 40% with rotation bilaterally. Sensation was decreased to light touch along the left lower extremity compared to the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #120 (RX 08/25/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29 63, 64.

Decision rationale: The request for Carisoprodol 350 mg #120 is not considered medically necessary at this time. The use of this medication is not in accordance with the California Medical Treatment Utilization Schedule. It also has been determined that the injured worker has been taking Carisoprodol since February 2014. Guidelines stipulated that the requested medication is not recommended for longer than a two- to three-week period. More so, in as much as the injured worker's response to medication was considered, objective findings for the last six months that the injured worker is taking Carisoprodol were not able to substantiate the necessity of the requested medication. Hence, the requested Carisoprodol 350 mg #120 is not medically appropriate at this time.