

Case Number:	CM14-0180424		
Date Assigned:	11/05/2014	Date of Injury:	04/25/2009
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old with an injury date on 4/25/09. Patient complains of improved lower back pain and bilateral hip pain after sacroiliac (SI) joint injection on 8/4/14, continuing cervical pain that radiates bilateral into shoulders/arms, and at the end of the night, numbness in the bilateral hands per 9/30/14 report. Based on the 9/30/14 progress report provided, the diagnoses are: 1. spinal stenosis 2. cervical spondylosis 3. degenerative thoracic/lumbar intervertebral disc Exam on 9/30/14 showed "L-spine range of motion full except extension limited to 10 degrees. Normal sensory exam. Deep tendon reflexes absent at bilateral patella." Patient's treatment history includes a lumbar L3-S1 anterior/posterior lumbar fusion, posterior cervical foramenotomy, L12-3 laminectomy and facetectomy with L2-S1 fixation/fusion left knee surgery. The treater is requesting carisoprodol tab 250mg #90. The utilization review determination being challenged is dated 11/5/14 and denies request for carisoprodol, as the drug is not mentioned in the provided reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tab 250mg #90: Overturned

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; Muscle Relaxants Page(s): 29; 63-66.

Decision rationale: This patient presents with lower back pain, bilateral hip pain, neck pain, bilateral shoulder pain, bilateral arm pain, and bilateral hand pain. The treater has asked for Carisoprodol tab 250mg #90 on 9/30/14. Review of reports shows the patient has no prior history of taking Soma. Patient states Flexeril is not helping and Tramadol is effective as needed but needs something more long lasting per 6/3/14 report. Patient is taking Valium every other day without mention of efficacy but is not taking Naproxen regularly (which was reported as effective in 7/8/14 report). Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the patient has trialed and failed 4 different medications. The treater is requesting a trial of carisoprodol tab 250mg #90 which is reasonable for patient's ongoing chronic pain condition. The request is medically necessary and appropriate.