

Case Number:	CM14-0082848		
Date Assigned:	07/21/2014	Date of Injury:	11/15/2012
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 50-year-old female was reportedly injured on November 15, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 6, 2014, indicates that there are ongoing complaints of low back pain radiating to the right for extremity. The physical examination demonstrated spasms and tenderness over the lumbar spine paraspinal muscles. There was a positive straight leg raise test on the right side at 60 and decreased sensation in the right S1 dermatomes. Diagnostic imaging studies of the lumbar spine indicate L5 - S1 foraminal stenosis. Previous treatment is unknown. A request was made for a 10-day supply of carisoprodol 350 mg tablets and was not certified in the pre-authorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL/SOMA 350 MG #30, 10 DAY SUPPLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Soma is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations. Additionally this request implies usage of soma three times per day every day rather than its indicated episodic usage. Considering this, the request for Carisoprodol/Soma 350mg, 30 tablets, for a 10-day supply is not medically necessary.