MAXIMUS Federal Services

Case Number:	CM13-0052181		
Date Assigned:	12/27/2013	Date of Injury:	10/20/2009
Decision Date:	05/27/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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, Florida, California
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 year old female, who sustained an industrial injury on10/20/09. Initial complaints are not noted. The injured worker was diagnosed as having lumbago; neuralgia / neuritis NOS; lumbar disc displacement; lumbosacral neuritis NOS; lumbosacral spondylolysis. Treatment to date has included medications. Currently, the PR-2 notes dated 10/29/12 indicated the injured worker was last seen on 9/24/13 and is not doing well. The medications are not adequate. The pain covers the lumbar spine and as she has failed medication at this time, we need to make some changes. Examination of the injured worker shows she is miserable holding her back in a locked position, moving about the room, standing to sitting with difficulty. She does not have any gluteus saga or pelvic obliquity. Her sitting straight leg raising is equivocal; no bowel or bladder changes. Her low back pain complaints with lower extremity radiculopathy unresolved. It is recommended she discontinue Zanaflex and switch to Soma and also try Butrans patch 5mcg per hour and augment with Norco that she is currently taking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, 2013 Web Based Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 29 of 127.

Decision rationale: The MTUS notes regarding Soma, also known as carisoprodol: "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use." There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004). Soma is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request was appropriately not medically necessary.