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| Case Number: | CM15-0010377 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 10/12/1998 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 01/09/2015 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 67 year old female with an industrial injury dated 10/12/1998. She presented on 12/30/2014 for follow up for chronic low back pain which was worse and radiated more to the right leg with muscle spasms. Physical exam documented forward flexion at 20 degree, straight leg raising - right, 40 degrees and left 60 degrees. Diagnoses include lumbago, spasm of muscle and sciatica. Prior treatments include medications, self-administered therapies and a cane for walking. On 01/09/2015 the request for Carisoprodol tab 350 mg # 90 refills 2 was denied by utilization review. One month was approved for weaning. MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tab 350MG 90 Qty with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This 67 year old female has complained of low back pain since date of injury 10/12/98. She has been treated with physical therapy and medications. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary