

Case Number:	CM15-0011071		
Date Assigned:	01/28/2015	Date of Injury:	07/01/1997
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old male was injured 7/1/97 in an industrial accident resulting cumulative traumatic injury from repetitive activity. Currently he experiences back pain with radiation into left buttocks and numbness in the left foot. Medications are Prozac, Ambien, Buspar, Anaprox, Norco, gabapentin and Xanax. Diagnoses are status post L4-5 laminectomy and discectomy (1998) and repeat laminectomy at L4-5, L5-S1 with a posteriolateral fusion between L4-5 and L5-S1 (2000); anterior lumbar inter-body fusion of L4-5 and L5-S1 (2001); shoulder surgery; cervical strain/ sprain with headaches; cervicothoracic lumbar myofascial pain syndrome; psychological issues,; lumbar radiculopathy. He is doing home exercise program and physical therapy and finds that medications help control pain and improve his function. Prior diagnostics included radiographs of the cervical spine, right shoulder, MRI lumbar spine, right shoulder. The treating physician requested gabapentin to control neuropathic pain Soma for muscle cramping and Prilosec due to moderate amount of non-steroidal anti-inflammatories. On 12/24/14 Utilization Review non-certified the requests for gabapentin 600 mg # 60 citing MTUS; Soma 350 mg # 90 citing MTUS and Prilosec 20 mg # 60 citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, quantity: 90: Upheld

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 Page(s): 29.

Decision rationale: Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs."As this medication is not recommended by MTUS, it is not medically necessary.