

Case Number:	CM15-0013106		
Date Assigned:	01/30/2015	Date of Injury:	09/01/2001
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/22/2015

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: Texas, Ohio, 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 48 year old male, who sustained an industrial injury on 09/01/2001. He has reported subsequent low back pain radiating to the lower extremities and was diagnosed with lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy and status post lumbar interbody fusion. Treatment to date has included oral and topical pain medication, epidural steroid injections, trial of spinal cord stimulation and surgery. Currently the injured worker complains of continued low back pain radiating to the bilateral lower extremities that was rated as a 7/10 with medication and 10/10 without medication. Objective examination findings were notable for tenderness to palpation of the lumbar spine with increased muscle rigidity, palpable trigger points, decreased range of motion with muscle guarding and decreased sensation along the posterolateral thigh and calf. The physician requested authorization for Carisoprodol without documentation as to why this request was being made. On 12/30/2014, Utilization Review non-certified a request for Carisoprodol, noting that the medication is not indicated for long term use and that there are significant concerns in regard to abuse. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, workers compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ?.

Decision rationale: The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 1, 2001. In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve a request for carisoprodol. The claims administrator referenced RFA forms of December 11, 2014 and December 22, 2014 in its determination. The claims administrator invoked non-MTUS ODG guidelines in its denial, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. In a UR report dated November 10, 2014, the claims administrator did approve a request for Norco and Prilosec. In an August 27, 2014 RFA form, the applicant was given prescriptions for Norco, Prilosec, Remeron, and Doral. In an October 27, 2014 progress note, the applicant was described as having ongoing complaints of low back pain status post failed lumbar fusion surgery. The applicant was using OxyContin, Norco, Soma, Lyrica, Prilosec, Doral, Colace, and Cymbalta, it was stated, several of which were refilled. The applicant was asked to consider a trial of intrathecal morphine. REFERRAL QUESTIONS: 1. No, the request for carisoprodol (Soma) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was/is using a variety of opioid agents, including Norco and OxyContin, on or around the date carisoprodol was renewed. Continued usage of carisoprodol, thus, runs counter to the injunction on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines against long-term usage of the same. Therefore, the request was not medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol topic.