

Case Number:	CM15-0125836		
Date Assigned:	07/10/2015	Date of Injury:	03/18/1999
Decision Date:	09/04/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 59 year old female who sustained an industrial injury on 03/18/1999 resulting in pain to the low back. Treatment provided to date has included: sympathetic block (2010); bilateral foraminotomy at L5-S1 2004; right sided neurolysis at L4-S1 (2001); anterior lumbar interbody fusion at L4-5 & L5-S1 (2000); physical therapy; medications (naproxen, Valium, Soma, Norco, Lorocet, Prilosec); and conservative therapies/care. Diagnostic tests performed include: CT scan of the lumbar spine (2009) showing mild degenerative facet arthrosis at L1-4, small disc bulge, central canal narrowing and neuroforaminal narrowing; electrodiagnostic testing (2005) showing radiculopathy; and x-rays of the lumbar spine (2015) showing well positioned hardware and good fusion at L4-5 & L5-S1, significant disc height loss at L3-4, and degenerative spondylolisthesis of L3-4. Other noted dates of injury documented in the medical record include: 2010 and 2015. There were no noted comorbidities. On 04/13/2015, physician progress report noted complaints of flare-up of lumbar spine pain, bilateral hip pain, and bilateral knee complaints due to a motor vehicle accident. The pain not rated in severity, but back and hip pain was described as constant, worsening, and radiating with numbness and tingling in the lower extremities and popping and clicking in the hips. Additional complaints included neck pain, difficulty sleeping, and getting in and out of bed. Current medications include Norco, Soma, Prilosec, and Valium. The physical exam revealed antalgic gait with use of cane, and restricted range of motion in the lumbar spine. The provider noted diagnoses of disk degeneration, sciatica due to displacement, , status post anterior lumbar fusion, status post foraminotomy, trochanteric and hip bursitis, knee and leg sprain, lumbar sprain, and complex

regional pain syndrome of the lower extremities. Plan of care includes stretching and gentle exercises for acute flare-up, continued psychiatric treatments, continued medications (including carisoprodol), and follow-up in 3 months. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes: carisoprodol tablets 350mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tablets 350mg quantity 90 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. In this case, clinical notes show that the injured worker has been prescribed Carisoprodol since 2013 with insufficient evidence of reduction in pain, reduction in muscle spasms, and/or improvement in function. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.