

Case Number:	CM15-0126006		
Date Assigned:	07/10/2015	Date of Injury:	04/02/2004
Decision Date:	09/15/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/30/2015

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: Pediatrics, Internal 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 53 year old male, who sustained an industrial injury on April 2, 2004. The injury occurred when the injured workers vehicle was rear ended at an intersection. The documentation supports the injured worker had a prior industrial injury in which he sustained a low back injury. The injury on April 2, 2004 resulted in increased low back symptoms. The diagnoses have included lumbar or lumbosacral disc degeneration, pain in the joint of the leg, knee joint pain and lumbar radiculopathy. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, lumbar epidural steroid injections, physical therapy, home exercise program and a lumbosacral spine fusion. Work status was noted to be permanent and stationary. Current documentation dated June 2, 2015 notes that the injured worker reported low back pain which had decreased in severity since the prior visit. The pain was rated a four out of ten on the visual analogue scale with medication. Examination of the lumbar spine revealed negative lumbar facet loading on both sides, a negative Gaenslen's test and a negative straight leg raise test. Sensation was grossly normal along the lower extremities bilaterally. The treating physician's plan of care included a request for Carisoprodol 350 mg # 30.

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: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 65.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), is not recommended and not indicated for long term use. "Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety." According to the documentation the injured worker had been on Soma since at least November Of 2014 and taking the medication at hour of sleep daily. Recent documentation notes the injured worker was taking the medication as needed. However, the quantity prescribed implies consistent, not episodic use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. The request for Soma 350 mg # 30 is not medically necessary.