

Case Number:	CM15-0144876		
Date Assigned:	09/03/2015	Date of Injury:	05/22/1995
Decision Date:	10/06/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, New York
Certification(s)/Specialty: 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 year old female, who sustained an industrial injury on May 22, 1995, incurring neck, lower back and both elbows injuries after a fall down stairs. She was diagnosed with lumbar disc disease, lumbar radiculopathy, and lumbar spondylosis. Treatment included physical therapy, anti-inflammatory drugs, pain, muscle relaxants, antidepressants, sleep aides, epidural steroid injection, cortisone injections to the elbows, left elbow and right elbow surgery, lumbar spine micro-discectomy and lumbar spine fusion, and activity restrictions. Currently, the injured worker complained of persistent lower back pain increased with bending, twisting, sitting, standing and walking radiating to her buttocks and down both legs with numbness and tingling. She also complained of constant right wrist, right elbow and left wrist pain. She noted intermittent pain in her neck. The treatment plan that was requested for authorization included a prescription for Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #120, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Carisoprodol (Soma) 350mg #120 with 2 refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar spine pain; depression due to chronic pain; myofascial pain syndrome; lumbar/thoracic radiculopathy; and insomnia NEC. The date of injury is May 22, 1995. Request for authorization is June 17, 2015. According to a progress note dated March 18, 2015, the treating provider prescribed Soma at that time. According to a June 17, 2015 progress note, the injured worker's subjective complaints include low back pain for 10 years. Medications include Dilaudid 8 mg, six tablets per day and Soma 350 mg four times per day. Soma has been noncertified on several occasions. Soma is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or acute exacerbation of chronic low back pain. The treating provider has exceeded the recommended guidelines, at a minimum, by continuing Soma for at least three months. The start date is unclear and the duration for Soma is unclear. The treating provider however exceeded the recommended guidelines for short term (less than two weeks). There are no compelling clinical facts in the medical record to support the ongoing use of Soma. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, multiple non-certifications for Soma, treatment continued well in excess of the recommended guidelines for short-term (less than two weeks) and no documentation demonstrating objective functional improvement, Carisoprodol (Soma) 350mg #120 with 2 refills is not medically necessary.