

Case Number:	CM15-0043608		
Date Assigned:	03/13/2015	Date of Injury:	03/21/2014
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: Georgia, California, Texas

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 52 year old female, who sustained an industrial injury on 3/21/14. She reported pain in the low back and legs related to lifting a heavy object. The injured worker was diagnosed as having lumbago and lumbar radiculopathy. Treatment to date has included physical therapy, lumbar MRI, EMG/NCV studies, chiropractic treatments, lumbar epidural injection on 1/8/15 and pain medications. 01/12/15 office note per injured worker's chiropractor documented complaints of severe muscle spasms. Injured worker reported that prescribed muscle relaxants do not work. As of the PR2 dated 1/22/15, the injured worker reports continued low back pain that is worse when weight bearing. The treating physician noted guarding and tenderness of the lower extremities. The treating physician is continuing with Carisoprodol 350mg that was started in 8/2014 and awaiting authorization for facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant and NSAIDs Non-steroidal Anti-inflammatory Drugs (NSAIDs) Page(s): 64-65, 67-68 and 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol (Soma) Page(s): 29 of 127.

Decision rationale: MTUS does not recommend Soma (carisoprodol) for treatment of chronic pain, noting risk for intoxication and abuse associated with this medication and lack of indication for long-term use. Office notes indicate that the injured worker reports that prescribed muscle relaxants are ineffective. Due to lack of support by MTUS for chronic use of Soma and lack of documented symptomatic or functional improvement with use of Soma in this case, medical necessity is not established for the requested carisoprodol. Therefore the request is not medically necessary.