

Case Number:	CM15-0046424		
Date Assigned:	03/18/2015	Date of Injury:	03/27/1995
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/11/2015

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 68 year old female, who sustained an industrial injury on 3/27/1995. The diagnoses have included pelvic/thigh/hip degenerative joint disease, sacroiliac (SI) joint pain, lumbar degenerative disc disease, ankle/foot pain and knee/lower leg pain. Treatment to date has included physical therapy and medication. According to the progress report dated 2/13/2015, the injured worker complained of low back and leg pain. Average pain was rated 8/10. Lumbar exam revealed an antalgic gait. Tenderness was noted in the left, lumbar paravertebral regions, the right sacroiliac (SI) join and the right hip. Range of motion of the lumbar spine was restricted. The injured worker reported that medication allowed her to function better and to move around. Medications prescribed at the visit were Morphine, Norco, Senokot S and Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisprodol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Carisopradol 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 pelvic/thigh/hip degenerative joint disease; sacroiliac joint pain; lumbar degenerative disc disease; ankle/foot pain; and knee/lower leg pain. The injury is approximately 20 years old (March 27, 1995). The earliest progress of the medical record is dated July 2, 2013. At that time, the injured worker was taking both Soma (Carisopradol) and Baclofen. There was no clinical rationale or clinical indication for two muscle relaxants taken concurrently. Presently, in the most recent progress note dated February 13, 2015, the injured worker is still taking Carisopradol and Baclofen concurrently. Carisopradol is indicated for short-term (less than two weeks) treatment of low back pain and short-term treatment of acute exacerbation of chronic low back pain. There is no indication of an acute exacerbation of chronic low back pain. This is a chronic injury no clinical indication or rationale for Carisopradol and Baclofen. Additionally, there is no dose or frequency for Carisopradol. Consequently, absent clinical documentation with objective functional improvement with a clinical indication or rationale for long-term Carisopradol use, Carisopradol is not medically necessary.