MAXIMUS Federal Services

Case Number:	CM15-0063863		
Date Assigned:	04/09/2015	Date of Injury:	07/12/1995
Decision Date:	06/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old male, who sustained an industrial injury on 7/12/95. He reported a right quadriceps injury. The injured worker was diagnosed as having severe end stage thoracolumbar degenerative disease with spinal cord compression T12-L2 and progressive pain and decreased mobilization with lower extremity dysfunction. Treatment to date has included oral medications including opioids, amputation of left 3rd toe, physical therapy and activity restrictions. Currently, the injured worker states he is doing okay following amputation of left 3rd toe. Physical exam noted chronic intractable pain with multiple orthopedic problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carioprodol 350mg QTY: 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63-66.

Decision rationale: The 72 year old patient presents with neck, back and bilateral leg injuries. The request is for CARISOPRODOL 350MG QTY: 60 WITH 2 REFILLS. There is no RFA provided and the date of injury is 07/12/95. The diagnoses include severe end stage thoracolumbar degenerative disease with spinal cord compression T12-L2 and progressive pain and decreased mobilization with lower extremity dysfunction. Treatment to date has included oral medications including opioids, amputation of left 3rd toe, physical therapy and activity restrictions. Medications have included MS Contin, Norco, Ambien, Xanax, Lexapro, Rozerem, Metformin, Gabapentin, Ibuprofen, Afrin, Docusate and Tamsulosin. The patient is permanent and stationary. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Carisoprodol is not included in patient's progress reports and the requesting treater report was not provided for review. Regardless, MTUS recommends the use of Soma for no longer than 2-3 weeks. The request for Carisoprodol #60 includes 2 refills which does not indicate intended short-term use. The request is not within MTUS guidelines and therefore, IS NOT medically necessary.