

Case Number:	CM15-0066377		
Date Assigned:	04/14/2015	Date of Injury:	06/03/2014
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/07/2015

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: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old female sustained an industrial injury on 6/3/14. She subsequently reported low back pain. Diagnoses include lumbar radiculopathy. Treatments to date have included x-rays, MRIs, chiropractic care, a back brace, acupuncture, and prescription pain medications. The injured worker continues to experience low back pain. A request for Carisoprodol medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

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

Decision rationale: The patient is a 60 year old female with an injury on 06/03/2014. She has low back pain and lumbar radiculopathy. Treatment with long term muscle relaxants is not recommended as this class of drugs may cause a decrease in both mental and physical abilities.

However, specifically MTUS guidelines note that Carisoprodol is not recommended as its metabolite is Meprobamate which is an addicting controlled substance.