

Case Number:	CM15-0068698		
Date Assigned:	04/16/2015	Date of Injury:	06/18/2007
Decision Date:	05/15/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/10/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 62 year old male, who sustained an industrial injury on 06/18/2007. He has reported subsequent back pain and was diagnosed with recurrent stenosis and disc herniation of L3-L4 and L1-L2 with severe central spinal canal and exiting nerve root stenosis up to the T12-L1 level and retrolisthesis and stenosis of L5-S1. Treatment to date has included oral pain medication, bracing, physical therapy and surgery. In a progress note dated 03/10/2015, the injured worker complained of back and leg pain. Objective findings were notable for forward stooped posture. A request for authorization of Carisoprodol was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol).

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is “Not recommended. This medication is not indicated for long-term use.” MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for Carisoprodol 350 mg #90 is in excess of guidelines and is not recommended for patient's with a chronic condition. As such, the request for Carisoprodol 350 mg #90 is not medically necessary.