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| Case Number: | CM15-0079872 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 02/04/2013 |
| Decision Date: | 06/05/2015 | UR Denial Date: | 04/13/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 49 year old male who sustained an industrial injury on 02/04/2013. Diagnoses include status post left L4-5 partial laminectomy, medial facetectomy and diskectomy, with residual pain. Treatment to date has included diagnostic studies, medications, physical therapy, back brace, and lumbar epidural injections. The physician progress note present and dated 12/01/2015 documents the injured worker complains of constant lower back pain radiating down the left leg to the foot with numbness in the left calf and tingling in the left toes. He uses a cane to ambulate. His pain is moderate to severe, and he rates it as a 7-8 out of 10 on average and at its worst his pain is 9-10 out of 10. His sleep is greatly disturbed. There is tenderness to palpation from L4-S2 in the midline. Range of motion reveals flexion to 15 degrees, extension to 10 degrees, lateral bending, right and left, 10/10 degrees and rotation, right and left, 10/10 degrees. Straight leg raising is 90 degrees bilaterally. He ambulates with a stiff-back gait with a cane. Treatment requested is for Carisoprodol 350mg 30 day supply Qty: 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg 30 day supply Qty: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma), Weaning of Medications Page(s): 63-66, page 29, page 124.

Decision rationale: Carisoprodol is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg, left calf numbness, tingling in the left toes, problems sleeping, and anxious and depressed moods. The only clinical record submitted for review was an AME report dated 12/01/2014. There was no discussion suggesting a recent flare-up of long-standing lower back pain, detailing when this medication was started, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets (a thirty-day supply) of carisoprodol 350mg is not medically necessary. Because of the increased risks with prolonged use and the lack of documented benefit, an appropriate taper should be able to be completed with the medication available to the worker.