

Case Number:	CM15-0099200		
Date Assigned:	06/01/2015	Date of Injury:	04/19/2012
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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, Pain Management

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 51 year old male, who sustained an industrial injury on 4/19/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having low back pain with left sided radiculopathy. Treatment to date has included laminectomy/discectomy L5-S1 in 11/2013, medications, and self-procured chiropractor/back treatment machine. Currently, the injured worker complains of worsening pain in his low back, and shooting pain and numbness in his left leg, also traveling to his thoracic area. His medications included Norco and Carisoprodol. The use of Carisoprodol was noted since at least 8/2014. Physical exam noted loss of normal lumbar lordosis and tenderness to the midline lumbosacral spine. Palpable paraspinal spasms and tenderness were noted. Seated leg raise produced pain. Decreased or painful forward flexion was demonstrated. The treatment plan included continued medications. A neurosurgical report, dated 3/10/2015, noted complaints of severe low back pain, rated 9-10. It was documented that he was in need of L5-S1 fusion and his medications were stopped. He was working modified duty at the time and taking Motrin. Urine toxicology reports and/or radiographic imaging reports were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 63-66 of 127.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.