MAXIMUS Federal Services

Case Number:	CM13-0011816		
Date Assigned:	09/26/2013	Date of Injury:	08/21/2011
Decision Date:	08/27/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine, Spinal Cord Medicine: and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant has a history of a work injury with cumulative trauma disorder beginning in approximately mid 2010 while working as a Paramedic. She had increased symptoms on 08/21/11 after lifting a patient. She was placed at modified duty which was poorly tolerated and subsequently placed on temporary total disability in September 2011. Testing has included an MRI of the cervical spine in June 2011 and a CT scan of the head in January 2012 referenced as normal. She was seen by the requesting provider on 02/11/13 with pain rated at 2/10. Her pain had decreased then she had stopped taking Nucynta. Medications were Tripletail, Lamictal, Seroquel, Soma, Wellbutrin, Nucynta, and medical marijuana. She had decreased cervical spine range of motion with paraspinal muscle tenderness and positive cervical facet joint testing. Prior treatments had included cervical facet injections and, medial branch blocks, and radiofrequency ablation. She was continued at temporary total disability. On 03/29/13 she had ongoing symptoms. She was continued at temporary total disability. On 04/24/13 she was having upper thoracic and trapezius muscle pain, right-sided suboccipital pain, and headaches. Physical examination findings included right suboccipital and trapezius muscle tenderness, right greater than left rhomboid tenderness, and cervicothoracic junction and mid thoracic spine tenderness. Grip strength and neurological examination were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CARISOPRODOL 350 MG #30 FOR SPASM: Upheld

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

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

Decision rationale: The claimant is approximately 4 years status post work related cumulative trauma injury and 3 years status post exacerbation after lifting a patient. She continues to be treated for chronic pain with muscle pain and spasms, right-sided suboccipital pain, and headaches.Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite is and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for her condition. Therefore, Prescription of Carisoprodol 350 mg #30 for Spasm is not medically necessary.