

Case Number:	CM13-0037332		
Date Assigned:	12/13/2013	Date of Injury:	09/28/2001
Decision Date:	02/11/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 43-year-old female who reported an injury on 09/28/2001. The patient is diagnosed with acromioclavicular joint pain, knee pain, acromioclavicular arthritis, lateral collateral ligament of the knee sprain, hip pain, knee osteoarthritis, lumbosacral radiculopathy, lumbar facet syndrome, lumbar discogenic pain, knee joint pain, chronic pain, neck pain, cervical radicular pain, shoulder capsulitis, inguinal hernia, and trochanteric bursitis. The patient was seen by [REDACTED] on 10/21/2013. Physical examination revealed spasm in the paraspinal muscles, stiffness, dysesthesia in the medial aspect of the left leg, and tenderness in the left knee joint line. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisprodol (Soma Tablet) 350 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.24.2..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with

chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Carisoprodol should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to demonstrate palpable muscle spasms. Satisfactory response to treatment has not been indicated. As guidelines do not recommend chronic use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.