

Case Number:	CM13-0041575		
Date Assigned:	04/16/2014	Date of Injury:	11/13/1995
Decision Date:	05/09/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/11/2013

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, and is licensed to practice in Arizona. 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 patient is a 51-year-old female with a date of injury on 11/13/95. This injured worker has a long-standing history of multiple areas of pain. It has been felt that she suffered a repetitive use injury. She has been working for a grocery store for a number of years. She has been diagnosed with neck and back pain, cervical and lumbar spondylosis, dystonia, chronic pain and brachial plexus dysfunction. The patient has been receiving significant amount of treatment which has included epidural injections, physical therapy, and chiropractic care. She has also been on numerous medications including soma, gabapentin, naproxen and tramadol amongst others. She has also received Botox injections for cervical dystonia. The patient at one time suffered several complications from procedures such as meningitis from epidural injections and radial nerve injury from steroid injection. She continues to take significant amount of medication. Around October of 2013, the physician requested continuation of soma 350 and prescribed 60 tablets. A medical reviewer subsequently suggested gradual discontinuation of soma 350 since it is not recommended for chronic use according to the accepted evidence based guidelines. Instead a prescription for 30 tablets was suggested which should be adequate for successful gradual tapering off.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR CARISOPRODOL 350MG #60: 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 MUSCLE RELAXANTS.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines, none of the muscle relaxants particularly soma is recommended for long-term use but only for short term up to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic which is scheduled IV controlled substance. Therefore this drug can cause sedation, habituation and depression and is not suitable for chronic pain management.