

Case Number:	CM13-0046250		
Date Assigned:	12/27/2013	Date of Injury:	04/23/2004
Decision Date:	04/21/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation and is licensed to practice in California. 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:

This 40 year-old female sustained an injury on 4/23/04 while employed by [REDACTED]. Request under consideration include carisoprodol 350 mg #90. Diagnoses include Radial Styloid tenosynovitis. Report of 10/24/13 from the provider noted patient with complaints of pain rated as 7-9/10 to neck and right arm, sleeping difficulty, anxiety. Exam noted tenderness, palpable trigger points in the muscles of the head and neck, right trapezius, paracervical, levator scapula, and rhomboid; increased right side musculature tone. Requests were multiple medications including the above Carisoprodol for #90, which was partially certified on 10/28/13 for quantity of #20 to wean citing guidelines criteria and lack of medical necessity.

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..

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

Decision rationale: This 40 year-old female sustained an injury on 4/23/04 while employed by [REDACTED]. Request under consideration include Carisoprodol 350 mg #90.

Diagnosis includes Radial Styloid tenosynovitis. Report of 10/24/13 from the provider noted patient with complaints of pain rated as 7-9/10 to neck and right arm, sleeping difficulty, anxiety. Exam noted tenderness, palpable trigger points in the muscles of the head and neck, right trapezius, paracervical, levator scapula, and rhomboid; increased right side musculature tone. Requests were multiple medications including the above Carisoprodol for #90, which was partially certified on 10/28/13 for quantity of #20 to wean citing guidelines criteria and lack of medical necessity. Review showed report of 10/25/12, over a 1-1/2 year ago with same unchanged neck and arm pain rated at 6-10/10. Medications list included Methadone, Compound creams, Prochlorperazine, Simvastatin, Tricor, Docusate, Trazodone, Senna, Lyrica, Hydrocodone, Cymbalta, Clonazepam, Ibuprofen, Topiramate, and Carisoprodol 350 mg 3x/day. It appears the patient has been prescribed this muscle relaxant for quite some time. Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in April 2004. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury of 2004. The Carisoprodol 350 mg #90 is not medically necessary and appropriate.