

Case Number:	CM13-0059573		
Date Assigned:	05/02/2014	Date of Injury:	07/30/2012
Decision Date:	06/12/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

The patient is a 47 year old male injured worker with date of injury 7/30/12 with cervical spine pain radiating into the bilateral upper extremities and lumbar spine pain that radiates into the left lower extremity. MRI of the cervical spine dated 3/14/13 revealed 1. C3-C4 small central/left paracentral undulating disc protrusion and congenital small size of the canal cause moderate superimposed spinal canal stenosis or findings suggesting cord impingement. Increased cord signal with possible 1.5 mm punctate focus of T2 prolongation in the right dorsal lateral cord favor progressive spondylitic myelopathy. 2. C3-C4 mild right/moderate to severe left neural foraminal stenosis secondary to uncinated/facet arthropathy. Correlate clinically for left C4 radiculopathy. 3. C4-C5 small broad-based posterior disc protrusion, uncinated/facet arthropathy, and congenital small size of the canal causes mild to moderate superimposed spinal canal stenosis and mild right/moderate left neural foraminal stenosis. He has been treated with physical therapy, chiropractic therapy, and medication management. The date of UR decision was 11/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF CARISOPRODOL (SOMA) 350MG TABLET, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: Per California MTUS Chronic Pain Medical Treatment Guidelines p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." As this medication is not recommended by California MTUS, it is not medically necessary.