MAXIMUS Federal Services

Case Number:	CM13-0065979		
Date Assigned:	01/03/2014	Date of Injury:	07/12/2005
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/13/2013

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54-year-old male who reported an injury on 07/12/2005. The mechanism of injury was from being hit by steel rebar. The 10/24/2013 clinic note reports a complaint of right shoulder pain, low back pain, hip pain, and knee pain. The note states the patient's 04/01/2013 MRI revealed a left L4-5 foraminal compromise with compromise of the exiting L4 nerve root. The note stated this was not present on his previous MRI from 10/22/2008. The patient underwent a hip replacement, resulting in a longer left lower extremity. As a result, he has ongoing pain to his left with twitching and tingling. The patient stated his medications help him functionally and reduce his pain. On examination, he had tenderness to the left hip and paraspinal region at L3 and L4 with 2 trigger points identified on the iliolumbar region. He had painful restricted motion, absent Babinski's reflexes bilaterally, diminished ankle reflexes bilaterally, diminished knee reflexes bilaterally, decreased sensation of the left middle finger, and positive Patrick-Faber's and Gaenslen's signs. He also had tenderness to the right shoulder, including the supraspinatus, subacromial bursa, subdeltoid bursa, the trapezius, the rhomboid, the latissimus dorsi, and the levator scapulae. He had markedly restricted range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350 MG #120, TAKE 1 TAB 4X/ DAY: Upheld

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

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

Decision rationale: California MTUS does not recommend the use of Soma and states that it is not indicated for long term use. Additionally, the documentation submitted indicates the patient's request for Soma is for a refill. Given his previous prescription that would constitute long term use, which is against guideline recommendations. Given the above, the request is non-certified.