

Case Number:	CM14-0004420		
Date Assigned:	05/23/2014	Date of Injury:	03/01/2001
Decision Date:	09/17/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/13/2014

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 53 year-old patient sustained an injury on 3/1/2001 while employed by Saint-Gobain Containers, Inc. Request under consideration include Carisoprodol 350mg #60. Diagnosis list Carpal tunnel syndrome; cervicothoracic/ lumbosacral strains/ left cervical C6-7 radiculopathy; left tardy ulnar nerve palsy; anxiety/ depression/ and insomnia. The patient is status post right CTR 2/13/01, and left carpal tunnel syndrome (CTR) (undated). Conservative treatment has included medications, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and modified activities/rest. MRI of the cervical spine dated 3/12/08 showed mild disc disease at C5-6; foraminal stenosis at C6-7 and C4-5; and mild spondylolisthesis at C4-5. Medications prescribed include Soma and Naproxen. Report of 10/23/13 showed patient with ongoing chronic low back pain radiating down left buttock; neck pain radiating down right arm. Treatment included medications. Report of 12/4/13 noted patient was given medications at the office and advised in the future to use her card. The patient continued with unchanged symptoms; had refused to be weighed and given blood pressure. Exam noted neurologically unchanged and the patient refused to grip strength measurements. Diagnoses were unchanged with treatment plan to continue with medications of Soma and home exercise as before. The request for Carisoprodol 350mg #60 was non-certified on 1/7/14 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 #60: 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 (Soma) Page(s): 29.

Decision rationale: This 53 year-old patient sustained an injury on 3/1/2001 while employed by Saint-Gobain Containers, Inc. Request under consideration include Carisoprodol 350mg #60. Diagnosis list Carpal tunnel syndrome; cervicothoracic/ lumbosacral strains/ left cervical C6-7 radiculopathy; left tardy ulnar nerve palsy; anxiety/ depression/ and insomnia. The patient is s/p right CTR 2/13/01, and left CTR (undated). Conservative treatment has included medications, physical therapy, TENS unit, and modified activities/rest. MRI of the cervical spine dated 3/12/08 showed mild disc disease at C5-6; foraminal stenosis at C6-7 and C4-5; and mild spondylolisthesis at C4-5. Medications prescribed include Soma and Naproxen. Report of 10/23/13 showed patient with ongoing chronic low back pain radiating down left buttock; neck pain radiating down right arm. Treatment included medications. Report of 12/4/13 noted patient was given medications at the office and advised in the future to use her card. The patient continued with unchanged symptoms; had refused to be weighed and given blood pressure. Exam noted neurologically unchanged and the patient refused to grip strength measurements. Diagnoses were unchanged with treatment plan to continue with medications of Soma and home exercise as before. The request for Carisoprodol 350mg #60 was non-certified on 1/7/14. 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 2001. 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. The Carisoprodol 350mg #60 is not medically necessary and appropriate.