

Case Number:	CM14-0004684		
Date Assigned:	01/22/2014	Date of Injury:	04/02/1999
Decision Date:	06/06/2014	UR Denial Date:	12/10/2013
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 and 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 69 year-old patient sustained an injury on 4/2/99 while employed by [REDACTED]. The patient is status post left knee arthroscopy, Achilles tendon repair in 2000, status post right knee replacement in 2000, and status post shoulder arthroscopy in 2000. Conservative care has included medications, physical therapy, and activity modification. Medications include Soma, Lunesta, Zantac, Motrin, Celebrex, Dilaudid, Amoxicillin, Tylenol Codeine, and Celebrex. The report dated 3/12/13 from the provider noted that the patient had left total knee arthroplasty on 12/3/12 and is making slow, steady progress in rehab with some weakness and catching in the patellofemoral joint. Exam showed intact neurovascular findings in the extremities. The left knee had a range of 0-120 degrees, actively 5-115 degrees. Gait still has some flexed knee and slight extensor lag. Assessment noted improved function of the left knee with a plan for continued physical therapy, home exercise program, and that he remained retired.

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 Page(s): 29.

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is not recommended for mild to moderate chronic persistent pain problems due to the high prevalence of adverse effects. There is also insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 1999. Submitted reports from the provider noted continued ongoing pain with essentially unchanged clinical exam findings of the left knee. There is no report of paraspinal issues, significant clinical findings of spasm without report of acute injury, flare-up, or functional improvement or benefit from treatment of Carisoprodol already rendered. As such, the request is not medically necessary