

Case Number:	CM14-0108255		
Date Assigned:	08/01/2014	Date of Injury:	11/21/2003
Decision Date:	10/01/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

He is a 54-year-old woman who sustained a work-related injury on November 21, 2003. Subsequently, she developed she developed anxiety and depression. According to a progress note dated on May 7, 2014, the patient was complaining of excessive worry and tension. The patient had panic attack. The patient reported improvement of her symptoms. Physical examination demonstrated signs of depression and anxiety. The provider requested authorization to use carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg TA QTY:120 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with muscle spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation that the patient have a benefit from

the use of Carisoprodol. There is no evidence of benefit of long term use of Carisoprodol. The request for Carisoprodol 350mg TA QTY:120 with no refills: is not medically necessary.