

Case Number:	CM14-0010890		
Date Assigned:	02/21/2014	Date of Injury:	06/28/2007
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 injured worker is a 58 year old female injured on 06/28/07 when her foot was run over by a hospital bed resulting in fracture of the right foot and requiring surgical intervention. The injured worker subsequently developed numbness in the right lower extremity requiring medication management and physical therapy. Current complaints as of 12/10/13 included low back pain, right hip, thigh, knee, leg, ankle, and foot pain is constant and severe in nature. Physical examination revealed tenderness noted over the lumbar paravertebral areas bilaterally with restricted range of motion. Evaluation of the ankles and feet revealed tenderness over the lateral malleolus of the right ankle and dorsum. There was muscle weakness noted secondary to pain over the foot with manual muscle testing 4/5, range of motion restricted, and dysesthesia noted over the 1st and 2nd toes. It was also noted that the injured worker presented with an antalgic gait on the right and decreased sensation to light touch, pin prick, and vibration in the right foot. Prescriptions include Norco 10/325mg QID, Soma 325mg TID, and the injured worker recommended for acupuncture and limited weight bearing. The initial request for Carisoprodol 350mg #100 was non-certified on 01/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG # ONE HUNDRED (100): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, 2014 Web-based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.20, Carisoprodol, Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Carisoprodol is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation dated 09/20/13 indicates that the patient was previously being prescribed the medication indicating long-term treatment and exceeding the recommended treatment window. As such, the request for Carisoprodol 350mg # one hundred (100) cannot be recommended as medically necessary at this time.