

Case Number:	CM14-0144212		
Date Assigned:	09/12/2014	Date of Injury:	10/19/1999
Decision Date:	12/22/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/05/2014

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 67 year-old patient sustained an injury on 10/19/1999 while employed by [REDACTED]. Request(s) under consideration include Prescription of Carisoprodol 350mg, #60 and 3 bilateral knee Orthovisc injections (given in series). Diagnoses include knee cruciate ligament sprain s/p third orthovisc injection; cervical spine strain/strain with history of C5-6 fusion/ multi-level spondylosis; history of bilateral shoulder surgery with chronic pain; myoligamentous lumbar spine sprain/strain/ spondylosis; history of eye surgery, pacemaker. The patient continues to treat for chronic symptoms of the neck, shoulder, and bilateral knees. Report of 8/6/14 from the provider noted significant pain; however, with overall improvement with walking, standing, and prolonged weight bearing activities. Exam showed tenderness to patellofemoral and medial region in bilateral knees with crepitus and decreased extension. It was noted the patient has completed two series of previous Orthovisc injections (last on 4/2/14) and continues on opioid analgesics for pain control. The request(s) for Prescription of Carisoprodol 350mg, #60 and 3 bilateral knee Orthovisc injections (given in series) were non-certified on 8/23/14 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:

Prescription of 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 67 year-old patient sustained an injury on 10/19/1999 while employed by [REDACTED]. Request(s) under consideration include Prescription of Carisoprodol 350mg, #60 and 3 bilateral knee Orthovisc injections (given in series). Diagnoses include knee cruciate ligament sprain s/p third orthovisc injection; cervical spine strain/strain with history of C5-6 fusion/ multi-level spondylosis; history of bilateral shoulder surgery with chronic pain; myoligamentous lumbar spine sprain/strain/ spondylosis; history of eye surgery, pacemaker. The patient continues to treat for chronic symptoms of the neck, shoulder, and bilateral knees. Report of 8/6/14 from the provider noted significant pain; however, with overall improvement with walking, standing, and prolonged weight bearing activities. Exam showed tenderness to patellofemoral and medial region in bilateral knees with crepitus and decreased extension. It was noted the patient has completed two series of previous Orthovisc injections (last on 4/2/14) and continues on opioid analgesics for pain control. The request(s) for Prescription of Carisoprodol 350mg, #60 and 3 bilateral knee Orthovisc injections (given in series) were non-certified on 8/23/14. Per MTUS Chronic Pain Guidelines on muscle relaxants, 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 1999. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings revealing TTP and decreased range of motions, 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 Prescription of Carisoprodol 350mg, #60 is not medically necessary and appropriate.