

Case Number:	CM14-0155382		
Date Assigned:	09/25/2014	Date of Injury:	05/11/2005
Decision Date:	10/27/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Medicine 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 is a female patient who reported an industrial injury to the back on 5/11/2005, over nine (9) years ago, attributed to the performance of her usual and customary job tasks. The patient is complaining of the wrath sick and lumbar spine pain with radiation to the lower extremity. The objective findings on examination were limited to tenderness to palpation with reported spasms and diminished range of motion; sensation and motor strength were intact; bilateral knees were reported to have positive McMurray's test with tenderness to palpation to the MCL's. The diagnosis was brachial neuritis or radiculitis not otherwise specified; shoulder impingement; and lumbar sprain/strain. The treatment plan included Carissa protocol 350 mg one b.i.d. #60 refill x2. The patient was also prescribed omeprazole 20 mg #30 refill x2; Medrox pain relief ointment; and naproxen 550 mg #30 with refill times two.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg 1 tab BID #60 w/refill x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47 128, Chronic Pain Treatment Guidelines antispasticity/antispasmodic drugs

Decision rationale: The patient is prescribed Carisoprodol/SOMA 350 mg #60 with refill x2 on a routine basis for the treatment of chronic pain and is not directed to muscle spasms on a prn basis. The CA MTUS does not recommend the prescription of Carisoprodol. There is no medical necessity for the prescribed Soma 350 mg #60 for chronic pain or muscle spasms, as it is not recommended by evidence-based guidelines. The prescription of Carisoprodol is not recommended by the CA MTUS for the treatment of injured workers. The prescription of CARISOPRODOL as a muscle relaxant is not demonstrated to be medically necessary for the treatment of the chronic back pain on a routine basis. The patient has been prescribed CARISOPRODOL on a routine basis for muscle spasms. There is no demonstrated medical necessity for the daily prescription of CARISOPRODOL as a muscle relaxer on a daily basis for chronic pain. The prescription of CARISOPRODOL for use of a muscle relaxant for cited chronic pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The use of alternative muscle relaxants was recommended by the CA MTUS and the Official Disability Guidelines for the short-term treatment of chronic pain with muscle spasms; however, muscle relaxants when used are for short-term use for acute pain and are not demonstrated to be effective in the treatment of chronic pain. The use of Carisoprodol is associated with abuse and significant side effects related to the psychotropic properties of the medication. The centrally acting effects are not limited to muscle relaxation. The prescription of CARISOPRODOL as a muscle relaxant is not recommended as others muscle relaxants that without psychotropic effects are readily available. There is no medical necessity for CARISOPRODOL 350 mg #60. The California MTUS guidelines state that CARISOPRODOL is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate a schedule for controlled substance. It has been suggested that the main effect is due to generalize sedation and treatment of anxiety. Abuses been noted for sedative and relaxant effects. In regular abusers, the main concern is for the accumulation of meprobamate. Carisoprodol abuses also been noted in order to augment or alter effects of other drugs. This includes the following increasing sedation of benzodiazepines or alcohol; used to prevent side effects of cocaine; use with tramadol to ghost relaxation and euphoria; as a combination with hydrocodone as an effective some abuses claim is similar to heroin referred to as a Las Vegas cocktail; and as a combination with codeine referred to as Carisoprodol Coma. There is no documented functional improvement with the use of the prescribed Carisoprodol. The use of CARISOPRODOL/SOMA is not recommended due to the well-known psychotropic properties. There is no documented functional improvement with the use of the prescribed Carisoprodol. The use of Carisoprodol/Soma is not recommended due to the well-known psychotropic properties. Therefore, this medication should be discontinued. There is no demonstrated medical necessity for soma 350 mg #60 with refill x2; therefore this request is not medically necessary.