

<b>Case Number:</b>	CM14-0155794		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/16/1993
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Practice and is licensed to practice in Texas. 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 66-year-old female who reported an injury on 08/16/1993. The mechanism of injury was not provided. Her diagnoses were noted to include tendonitis in bilateral wrists and left trigger thumb. Her past treatments were noted to include medication, chiropractic treatment, yoga, home exercise program, trigger point injections, mouth guard, and lymphedema glove. During the assessment on 07/22/2014, the injured worker complained of minimal pain in her wrists and occasional catching of the left thumb. The physical examination revealed mild tenderness over the roller metacarpophalangeal joint of the left thumb with slight nodularity and no catching. The Finkelstein's test on both wrists was negative. She had full range of motion of both wrists with dorsal flexion of 80 degrees, volar flexion of 80 degrees, pronation of 80 degrees, and supination of 70 degrees. She had full flexion of the fingers and could extend them fully. Her medication was noted to include Norco and Soma. The treatment plan was to continue with medication and continue to monitor the injured worker's improvement. The rationale was for Carisoprodol tab 350 mg day supply 30 quantity was not provided. The Request for Authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol TAB 350mg Day Supply: 30 QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

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

**Decision rationale:** The request for Carisoprodol 350mg day supply: 30, quantity 30 is not medically necessary. The California MTUS Guidelines do not recommended the use of Carisoprodol. The medication is not indicated for long term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The injured worker was noted to be taking Norco and Soma. As a combination with hydrocodone, the guidelines state Carisoprodol has an effect that some abusers claim is similar to heroine. The injured worker has been taking Carisoprodol 350mg since at least 03/18/2014, and there has been no documentation of a detailed assessment with the current pain on a VAS, average pain, and intensity of pain or longevity of pain relief. There was also a lack of documentation regarding improved function, ability to perform activities of daily living or adverse side effects/misuse from the use of Carisoprodol. Additionally, the frequency was not provided. As long-term use of Carisoprodol is not recommended by the guidelines and in the absence of pertinent documentation showing efficacy and the absence of adverse effects/misuse, ongoing use of is not supported. Additionally, the request, as submitted, failed to indicate a frequency of use. As such, the request for Carisoprodol 350mg day supply: 30, quantity: 30 is not medically necessary.