

Case Number:	CM14-0160631		
Date Assigned:	10/06/2014	Date of Injury:	10/09/1998
Decision Date:	10/30/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/30/2014

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 & Rehabilitation, 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:

This is a patient with the date of injury of October 9, 1998. A utilization review determination dated September 17, 2014 recommends noncertification of Carisoprodol. A progress report dated September 9, 2014 identifies subjective complaints of pain in the left shoulder and right wrist as well as neck pain and neuropathic pain. The patient states that the symptoms are worsening since her last appointment with pain involving the left shoulder and nonindustrial pain in the right shoulder. Her current medications include Hydrocodone and Soma. The Soma's prescribe one tablet by mouth at bedtime as needed. The patient denies any side effects from the current medication regimen. Objective examination findings reveal mild tenderness over the left superior shoulder with intermittent clicking. Diagnoses include rotator cuff syndrome on the left, carpal tunnel syndrome on the right, and pain in the shoulder on the right. The treatment plan recommends a referral to orthopedics, referral to acupuncture, drug abuse screen, and continue Soma and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it appears the medication may be currently used to address insomnia complaints as it is recommended to take one at bedtime. Soma is not indicated for the treatment of insomnia. In the absence of clarity regarding those issues, the currently requested Carisoprodol (Soma) is not medically necessary.