MAXIMUS Federal Services

Case Number:	CM14-0163772		
Date Assigned:	10/08/2014	Date of Injury:	12/20/2013
Decision Date:	11/25/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 Texas and Oklahoma. 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 56-year-old male who reported an injury on 12/20/2013 due to an unknown mechanism. Diagnoses were internal derangement of knee not otherwise specified, lumbar radiculopathy, enthesopathy of hip, derangement of joint not otherwise specified of shoulder, and bicipital tenosynovitis. Physical examination dated 08/26/2014 revealed there has been no significant improvement since the last examination. Left shoulder range of motion was decreased in flexion. Impingement test was positive. Lumbar spine revealed paravertebral muscles were tender. Spasm was present and range of motion was restricted. Straight leg raising test was positive on the left. Sensation was reduced in the left foot. Examination of the knees revealed range of motion was within functional limits, and McMurray's was negative bilaterally. Medications were Carisoprodol 350 mg 1 tablet twice daily, and Voltaren 1% gel. The rationale and Request for Authorization were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisopradol 350mg #60 with refills times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The decision for Carisoprodol 350mg #60 with refills times 2 is not medically necessary. The California Medical Treatment Utilization Schedule states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. 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. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The efficacy of this medication was not reported. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.