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| Case Number: | CM14-0164036 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 09/22/2011 |
| Decision Date: | 11/26/2014 | UR Denial Date: | 09/12/2014 |
| 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 Occupational 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:

60-year-old male machine operator injured his left shoulder, elbow, wrist, neck, and lower back because of cumulative trauma at work, reported on 22 Sep 2011. He was diagnosed with neck strain, lateral epicondylitis, carpal tunnel syndrome, shoulder impingement, and lumbar radiculopathy. Comorbid conditions include heart disease, hypertension, and anxiety. Presently he complains of headaches, restricted range of motion in his shoulder as well as worsening shoulder pain and neck pain. Recent exam (Nov 2014) showed cervical paravertebral muscle tenderness to palpation with muscle spasms and limited range of motion. The anterior left shoulder was tender to palpation with reduced range of motion and a positive impingement sign. The bilateral elbows were tender to palpation. The bilateral wrists showed reduced grip strength, reduced sensation in medical nerve distribution and a positive Phalen's and Tinel's test. Lumbar spine showed paravertebral muscle tenderness and muscle spasms with restricted range of motion and a positive leg raise on the left. Treatment has included physical therapy to left shoulder, chiropractic treatments, TENS, acupuncture (helpful but temporary relief only) and medications (Naproxen, Pantoprazole, Capsaicin Cream, Carisoprodol [continuous use since Apr 2104], Medrox pain relief ointment, Tylenol and Advil).

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg tablet, qty: 60 Refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk; and Non-Selective NSA.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 29, 63-5, 124.

Decision rationale: Carisoprodol is a centrally acting skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, Carisoprodol is not recommended by the MTUS for use to treat pain as it is metabolized to Meprobamate, a Barbiturate and a schedule-IV controlled substance. If this medication is used, it is only indicated for short-term use. This patient has been on Carisoprodol therapy for over 6 months. There is no indication to continue use of this medication.