MAXIMUS Federal Services

Case Number:	CM14-0171908		
Date Assigned:	10/23/2014	Date of Injury:	11/17/2011
Decision Date:	11/21/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 47 year old male with a date of injury of 11/17/2011. His diagnoses include right shoulder myospasms; right shoulder tendinosis; right shoulder osteoarthritis; status-post concussion with headaches; ulnar neuropathy; lumbosacral injury with multi-level disc injuries per MRI; right knee pain, recurrent tear of the lateral meniscus and a constant FLIP meniscal Fragment; status-post right knee arthroscopy x 2. Under consideration is the prospective request for 1 prescription of Carisoprodol 350mg #30.A 9/11/14 Primary Treating Physician's Re-Evaluation Report states that the patient complains of moderate right shoulder pain. He states that his pain is poorly controlled because the insurance company is not authorizing his pain medications. He is going to therapy. He is not able to complete the therapy due to the pain. He has not seen the dentist, the neutral doctor, or the urologist. On physical exam he is in no distress. He is well developed, well nourished, alert and oriented, and cooperative with a normal affect. He has a slightly antalgic gait; however, he ambulates without the aid of an assistive device. His right arm is in a sling. Inspection reveals a normal kyphosis and normal lordosis. No ecchymosis, no abrasions, no inflammation, no lacerations, and no surgical scars. There is no evidence of infection, no discharge, and no erythema. The skin is closed. He has tenderness to palpation with spasms of the paraspinals. Range of motion of the lumbar spine is limited secondary to pain. Sensation is intact in the bilateral lower extremities. There is no ecchymosis, abrasions, lacerations, infection, discharge, or erythema. He has well healed portal scars. His right shoulder has no ecchymosis, no abrasions, and no lacerations. He has well-healing portal scars. Sutures are in place. No evidence of infection, no discharge, no erythema. Range of motion of the right shoulder is limited secondary to pain. Right Abduction is 100 degrees; Right Flexion is 125 degrees; Right extension is 85 degrees. Orthopedic Tests were deferred

.Neurovascular examination of the right upper extremity is within normal limits. The treatment plan states that the provider is going to give him a hand-written prescription for Carisoprodol 350 mg #30 with no refills since the Cyclobenzaprine has not been authorized. The patient has been placed on Total Temporary Disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Carisoprodol 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chronic Carisoprodol Soma

Decision rationale: : 1 prescription of Carisoprodol 350mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG Guidelines. The MTUS and the ODG guidelines state that Carisoprodol (Soma) is not recommended and not indicated for long-term use. The MTUS states that Carisoprodol is has a main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. The ODG states that this medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that patient has chronic pain.The documentation does not indicate any indications that would necessitate going against the ODG and MTUS guidelines.The request for 1 prescription of Carisoprodol 350mg #30 is not medically necessary.