

Case Number:	CM14-0023631		
Date Assigned:	06/11/2014	Date of Injury:	02/29/2012
Decision Date:	07/15/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/25/2014

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 and is licensed to practice in Nevada. 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 41-year-old female injured on 2/29/2012. The mechanism of injury was noted as accidentally walked into a broken hanging steel pole from a tent. The most recent progress note, dated 2/25/2014, indicated that there were ongoing complaints of right shoulder pain documented as 7/10 and unchanged since her last visit. Physical examination demonstrated cervical spine paravertebral muscle spasming, tenderness and tight muscle band on the right, guarding of the right shoulder with tenderness to the AC joint and bicipital groove, shoulder range of motion with pain: flexion 95, abduction 90, internal rotation 50 and external rotation 45, positive Hawkin's, Neer, Belly-Press tests, Empty Cans Test and O'Brien's Test. Drop Arm Test positive. Load and Shift test showed normal glenohumeral joint laxity and pain and spasm in the lateral shoulder. Previous treatment included physical therapy, right shoulder injections, acupuncture, chiropractic care and medications to include Vicodin 5/500 mg and Flurbiprofen 20% cream. A request had been made for one 180 Pack of Prazolamine and was not recommended in the pre-authorization process on 2/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) 180 PAK OF PRAZOLAMINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend or support the use of Prazolamine (carisoprodol). Carisoprodol (Soma) is commonly prescribed as a central acting skeletal muscle relaxant with high abuse potential. It is not recommended as a first-line drug or for long-term use. As such, it is not considered medically necessary.