

Case Number:	CM14-0028216		
Date Assigned:	06/13/2014	Date of Injury:	11/26/2012
Decision Date:	07/16/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/05/2014

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:

According to the records made available for review, this is a 66-year-old female with a 11/26/12 date of injury. The patient is status post shoulder arthroscopy as of 3/26/13, and status post neck surgery in 2004. There is documentation of subjective findings of muscle aches, weakness, and arthralgias, joint pain, soreness and swelling at the trapezius, left hip pain, left shoulder pain, and lumbar spine pain. Left shoulder range of motion was as follows: forward flexion 140, abduction 120, and extension 70 degrees. The left hip had 3+ tenderness to palpation. Current diagnoses include sciatica, lumbago, low back pain, low back syndrome, lumbalgia, and cervicalgia. Treatment to date has included chiropractic, activity modification, and medications, including Soma since at least January 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG TA #30 WITH NO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state that muscle relaxants are recommended as a second line option for the short-term (less than two weeks) treatment of acute low back pain, and for the short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of sciatica, lumbago, low back pain, low back syndrome, lumbalgia, and cervicalgia. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Carisoprodol since at least January 2014, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Carisoprodol use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.