

Case Number:	CM14-0036604		
Date Assigned:	06/25/2014	Date of Injury:	06/05/2012
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 44 year-old female injured on June 5, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 3, 2014, indicates that there are ongoing complaints of neck, low back and bilateral wrist pain. It is also noted that the injured worker continues to have difficulty reaching for objects and drops items. The physical examination demonstrated a 5'11", 249 pound, hypertensive (163/89) individual in no acute distress. No other physical examination findings are reported as examination was "deferred." Diagnostic imaging studies were not discussed in this report. Previous treatment includes cervical spine surgery (fusion) left shoulder surgery, multiple medications and physical therapy. A request had been made for carisoprodol and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (Soma) TA 350mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Carisoprodol Page(s): 28.

Decision rationale: The progress note indicates the medication tizanidine was also prescribed. Furthermore, as outlined in the MTUS, this medication (carisoprodol) is not recommended secondary to the active metabolite, the addictive abuse potential, and that this is similar to other medications prescribed. Based on the progress of presented for review this is not medically necessary.