

Case Number:	CM14-0037094		
Date Assigned:	06/25/2014	Date of Injury:	02/24/1999
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 57-year-old female with a 2/24/99 date of injury, and anterior cervical fusion C5-C7 (undated). At the time (3/18/14) of request for authorization for Carisoprodol 350mg #120, there is documentation of subjective (continued neck and bilateral upper extremity pain and headaches) and objective (diffuse tenderness of cervical spine bilaterally, Spurling's negative, deep tendon reflexes 1+ at biceps and triceps bilaterally, sensation intact to light touch and pinprick bilaterally) findings, current diagnoses (status post C5-C7 anterior cervical fusion, bilateral upper extremity radiculopathy, and chronic cervicogenic headaches), and treatment to date (medications (including Carisoprodol since at least 7/19/13 with improvement in pain)). There is no documentation of acute muscle spasms and the intention to treat over a short course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for 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 status post C5-C7 anterior cervical fusion, bilateral upper extremity radiculopathy, and chronic cervicogenic headaches. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Carisoprodol/Soma since at least 7/19/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Carisoprodol 350mg #120 is not medically necessary.