

Case Number:	CM14-0037538		
Date Assigned:	06/25/2014	Date of Injury:	01/07/2009
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 Emergency 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:

Injured worker reported date of injury on 1/7/2009. Mechanism of injury described as from a lifting incident injuring neck. Injured worker has a diagnosis of cervalgia, cervical spine disease and post cervical discectomy and fusion at C6-7 on 10/4/12 and posterior foraminotomy at C4-6 on 11/2/12. Multiple medical records from primary treating physician and consultants reviewed. Last available report available until 3/11/14. Injured worker reports neck, R shoulder, and low back pains. Pain is worsening and radiates down both arms left greater than right. Discomfort when sleeping. Reports increasing numbness in both hands. Headaches are baseline. Injured worker is reportedly taking flexeril with minimal improvement and has reportedly stopped taking neurontin. Objective exam reveals neck incisions are well-healed, cervical exam with moderate tenderness to lower cervical spine and lower bilateral cervical facet region. Range of motion(ROM) of neck is mildly decreased. Strength in upper arms is intact. Some decreased pin prick sensation in C5-6 distribution on R side. Reflexes are diminished throughout. MRI cervical spine (4/1/2009) shows C4-5 and C5-6 moderate to severe spondylosis and mild spondylosis at C6-7 with compression of thecal sac. R worst than L neural foraminal stenosis and moderate to severe central canal narrowing at C5-6. EMG(6/24/10) shows no evidence of radiculopathy but EMG/NCV(3/5/13) shows carpal tunnel. Injured worker has reportedly done home exercises and medications with little improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Carisoprodol 250mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Use of Carisoprodol, a potentially addictive and not-recommended medication, is not medically necessary.