

Case Number:	CM14-0038417		
Date Assigned:	06/27/2014	Date of Injury:	07/14/2012
Decision Date:	08/15/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 records presented for review indicate that this injured employee (age indeterminate) was reportedly injured on July 14, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 25, 2014, indicates that there are ongoing complaints of neck and left upper extremity pain. The physical examination demonstrated a forward flex physician, diminished sensation in the thumb and index finger and a positive Spurling's test. Diagnostic imaging studies objectified changes consistent with a disc herniation at C5-C6. Additionally, electrodiagnostic studies were completed noting a C5-C6 radiculopathy. Previous treatment includes physical therapy, oral steroids, opioid narcotics and muscle relaxants. A request had been made for the medication carisoprodol and was not approved in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60: 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): 29.

Decision rationale: As outlined in the Chronic Pain Medical Treatment Guidelines, this medication is not recommended. Furthermore it is not indicated for chronic or long-term use. This is a muscle relaxant and there are no muscle spasms noted on physical examination and the etiology is a disc herniation resulting in some weakness and radiculopathy. This is a highly addictive preparation and the side effects are significant such that the request is not medically necessary and appropriate.