

Case Number:	CM14-0046716		
Date Assigned:	04/16/2014	Date of Injury:	05/23/2004
Decision Date:	05/09/2014	UR Denial Date:	03/17/2014
Priority:	Expedited	Application Received:	04/15/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 05/23/2004. The mechanism of injury was not provided in the medical records. The documentation of the injured worker's symptoms and physical examination were handwritten and largely illegible. The injured worker was diagnosed with other and unspecified complications of medical care. Past medical treatment was not included in the medical records. Diagnostic studies include an official MRI of the lumbar spine on 03/13/2013. A request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG #30 QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

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

Decision rationale: According to the California MTUS Guidelines, carisoprodol is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effects is due to generalized

sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. Withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses. Tapering should be individualized for each patient. The documentation submitted for review indicated the patient has been taking the requested medication for an extended period of time. Within the provided documentation there was a lack of documentation indicating significant objective functional improvement with the medication. The documentation failed to provide a rationale for the requested medication, such as muscle spasms. Therefore, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Therefore, the request for carisoprodol 350 mg #30 QTY 30.00 is non-certified.