

Case Number:	CM14-0047206		
Date Assigned:	07/02/2014	Date of Injury:	11/26/2008
Decision Date:	08/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	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 Occupational 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:

This is a case of a 57-year old female who has filed a claim for bilateral cubital tunnel syndrome, bilateral carpal tunnel releases associated with an industrial injury date of 10/26/2008 and 06/19/2007. Medical records from 2014 were reviewed. According to latest progress reports, the patient still complains of worsening constant pain in her bilateral wrist, more on the right associated with numbness and tingling in the fingers. She also complains of sharp, burning, aching, tender intermittent pain in her bilateral elbow traveling to her fingers. There was weakness noted in activities of daily living: weak grip and grasp, physical examination of the elbow and forearm reveals nonspecific, mild to moderate tenderness on both the medial and lateral epicondyles. The range of motion of elbow and forearm shows decreased flexion on the right at 130 and supination on the right at 75. The wrist examination reveals moderate medial tenderness on the right wrist and mild lateral tenderness on the left. The Phalen's test is positive on both wrist, decreased range of motion was also decreased on the bilateral wrist: dorsiflexion 40 right 50 left, extension 40 right 50 left, ulnar deviation 25 bilateral, and pronation on the right at 70. The treatment to date has included carpal tunnel release, physical therapy, and medications. The injured worker's medications taken have included Naprosyn, Prilosec, Ibuprofen, Acetaminophen/Codeine, Carisoprodol, Metformin, Glipiside, and Lisinopril. A utilization review dated 03/19/2014 denied the request for Carisoprodol as it is not indicated for long-term use. It has also been noted that Carisoprodol abuse can augment or alter effects of other drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #120, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications.

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

Decision rationale: According to page 29 of the CA MTUS Medical Treatment Guidelines, Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. This medication is not indicated for long-term use. In this case, although Carisoprodol had been helpful to relieve muscle spasms, long-term use was not recommended. Furthermore, the patient is also on codeine/acetaminophen, whose effects may be altered or augmented in the event of Carisoprodol abuse. The clinical necessity for this medication is not established. Therefore, the request for Carisoprodol 350 mg #120, no refills is not medically necessary.