

Case Number:	CM14-0047309		
Date Assigned:	07/02/2014	Date of Injury:	05/11/2010
Decision Date:	08/25/2014	UR Denial Date:	03/29/2014
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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 42 year old female with a date of injury on 5/11/2010. Diagnoses include cervical sprain/strain, lumbar sprain/strain, status post right shoulder arthroscopic surgery, and status post carpal tunnel syndrome. Subjective complaints are of neck pain with radiation to the bilateral shoulders, and low back pain with radiation to the right buttock and thigh. Numbness in the left hand was also present. Physical exam showed decreased cervical range of motion, subacromial crepitation, positive impingement sign, and tenderness of the low back and neck. Medications include ibuprofen, Norco, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: CA MTUS does not recommend carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. 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. This patient has used carisoprodol chronically, which is not consistent with current guidelines. For these reasons, the use of carisoprodol is not medically necessary.

(1) Prescription of Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: CA MTUS does not recommend carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. 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. This patient has used carisoprodol chronically, which is not consistent with current guidelines. For these reasons, the use of carisoprodol is not medically necessary.