

Case Number:	CM14-0049933		
Date Assigned:	07/07/2014	Date of Injury:	04/08/2011
Decision Date:	08/01/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/17/2014

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 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:

The injured worker is a 63-year-old female with a reported date of injury on 04/08/2011. The mechanism of injury was reported as a fall. The injured worker presented with severe left antalgic gait pattern using a single point cane in the right hand. Upon physical examination, the injured worker's cervical spine range of motion revealed flexion to 30 degrees, extension to 40 degrees, right lateral bending to 35 degrees and left lateral bending to 25 degrees, right rotation to 65 degrees and left rotation to 50 degrees. Upon physical examination, the injured worker's lumbosacral spine range of motion revealed flexion to 25 degrees, extension to 10 degrees, right lateral bending to 25 degrees, and left lateral bending to 20 degrees. An MRI of the cervical spine dated 02/25/2010 revealed C5-6 combination of disc bulge and broad-based disc protrusion and osteophytes of 3 mm. The electrodiagnostic studies dated 09/21/2011 revealed evidence of mild right-sided carpal tunnel syndrome and no evidence of peripheral nerve injury or cervical radiculopathy. The MRI of the right shoulder dated 02/23/2012 revealed evidence of mild supraspinatus tendinosis without rotator cuff tear and mild glenohumeral degenerative changes. The electrodiagnostic studies dated 02/25/2014 revealed evidence of mild to moderate carpal tunnel syndrome on the right and no evidence for upper right extremity ulnar neuropathy. The injured worker's diagnoses included complex medial meniscal tear, rotator cuff tendinitis/bursitis with impingement in the right shoulder, lateral epicondylitis, carpal tunnel syndrome to the right, chronic cervical strain, chronic lumbar strain, left biceps strain, chronic gastro esophageal reflux disease, and chronic headache disorder. The injured worker's medication regimen included Diclofenac, Soma, Omeprazole, and metformin. The request for authorization for 30 tablets of carisoprodol 350 mg and 60 patches of 1.3% Flector was submitted on 04/17/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets Carisoprodol 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines do not recommend carisoprodol. This medication is not indicated for long term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. 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. According to the clinical documentation provided for review, the injured worker has utilized Soma every night before bed prior to 02/28/2014. The guidelines do not recommend Soma. The therapeutic and functional benefits related to the long term use of Soma were not provided within the documentation available for review. The request for continued use of Soma exceeds recommended guidelines. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for 30 Tablets Carisoprodol 350mg is not medically necessary.