

Case Number:	CM14-0054132		
Date Assigned:	07/07/2014	Date of Injury:	10/08/2010
Decision Date:	08/11/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/23/2014

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:

The applicant has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and muscle relaxants. In a Utilization Review Report dated March 19, 2014, the claims administrator partially certified a request for Carisoprodol, reportedly for weaning purposes. In a request for authorization form dated June 6, 2014, the attending provider seemingly sought authorization for Naprosyn, Norco, Ambien, Gabapentin, Soma, Zofran, Somnacin, Genicin, and Topical Flurbiprofen patches. The applicant presented with neck pain, back pain, and shoulder pain and was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg tab, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 22, Carisoprodol topic. Page(s): 22.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purpose, particularly when used in conjunction with opioid agents. In this case, the applicant is using Norco, an opioid agent. Adding Carisoprodol or Soma to the mix is not indicated. Therefore, the request for Carisoprodol 350 mg #90 is not medically necessary.