

Case Number:	CM14-0054282		
Date Assigned:	07/07/2014	Date of Injury:	08/12/2005
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old female with a reported date of injury on 08/12/2005. The mechanism of injury was not provided within the documentation. The injured worker's diagnosis included cervical spine degenerative disc disease and peripheral neuropathy. Previous diagnostics included cervical x-ray which revealed trace anterolisthesis C4-5 and C5-6. The injured worker also had an MRI in 2012 which showed some adjacent level spondylosis with foraminal stenosis on the left at C4-5 and C5-6. The injured worker's medication regimen included Soma at night periodically for spasms, and is requesting Motrin. The physical examination of the cervical spine presented with paraspinous muscle tone normal. Muscle strength was rated 5/5. The plan of care was not provided within the documentation. The rationale for the request was not provided. The Request for Authorization for Carisoprodol/Soma 350mg #30, 1 refill was submitted on 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol/Soma 350mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol (Soma) 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. Abuse has been noted for sedative and relaxant effects. The clinical information provided for review indicates the injured worker has utilized carisoprodol prior to 06/13/2013. There is a lack of documentation related to therapeutic and functional benefit in the ongoing use. The guidelines recommend carisoprodol for short term therapy. Therefore, the request for continued use exceeds the recommended guidelines. As such, the request for Carisoprodol/Soma 350mg, #30 with 1 refill is non-certified.