

Case Number:	CM14-0058426		
Date Assigned:	07/09/2014	Date of Injury:	08/27/2011
Decision Date:	09/05/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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 is a [REDACTED] employee who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of August 27, 2011. Thus far, the applicant has been treated with analgesic medications; muscle relaxants; attorney representation; medical marijuana; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report dated April 21, 2014, the claims administrator denied a request for carisoprodol. The applicant's attorney subsequently appealed. On April 24, 2014, the applicant presented with persistent complaints of shoulder and wrist pain. The attending provider apparently chose to appeal the denial of carisoprodol. The applicant was on Zestril, Lopressor, medical marijuana, Norco, Valium, Soma, and Compazine, it was acknowledged. Despite the fact that the attending provider placed the applicant off of work, on total temporary disability, the attending provider nevertheless stated the ongoing usage of carisoprodol was generating analgesia and improved ability to perform self care and personal hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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 purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using Norco, an opioid agent. Adding carisoprodol or Soma to the mix is not recommended. It is further noted that the applicant's failure to return to any form of work, taken together with applicant's continued reliance on opioid therapy and medical marijuana, suggested a lack of functional improvement as defined in MTUS 9792.20f despite ongoing prior usage of Soma. Therefore, the request is not medically necessary, for all of the stated reasons.