

Case Number:	CM14-0063133		
Date Assigned:	07/11/2014	Date of Injury:	10/26/1999
Decision Date:	09/17/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/05/2014

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 & 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 65-year-old male who reported an injury on 10/26/1999 due to unspecified cause of injury. The injured worker had a history of neck and back pain with diagnoses of rotator cuff syndrome, cervical disc degeneration, sprain of the neck, and headache. No diagnostics available for review. No past treatments available for review. The objective findings dated 01/20/2014 revealed moderate paracervical and thoracic myospasms. The medications included Celebrex, Ultracet, Soma, Robaxin, Parafon Forte, Sprix, Flector, Lidoderm, and Voltaren gel. No VAS was provided. The treatment plan included exercises; medications add quinine for leg pain; occupational, physical, and chiropractic therapy. The Request for Authorization dated 05/04/2014 was submitted with the documentation. There was not a rationale for the Tramadol/APAP provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg quantity 12/4 days supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Musxle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The Guidelines recommend not to taking Carisoprodol no longer than 2 to 3 weeks. Per the documentation provided, the injured worker was prescribed the Carisoprodol on 10/25/2013 and again on 01/20/2014, exceeding the 2 to 3 week period. The clinical note lacked objective findings. The request did not indicate frequency. As such, the request for Carisoprodol 350 mg quantity 12/4 days' supply is not medically necessary.