

Case Number:	CM14-0069031		
Date Assigned:	07/14/2014	Date of Injury:	07/13/2013
Decision Date:	08/13/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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 34-year-old male who reported an injury on 07/13/2013 due to an unknown mechanism. The injured worker had a physical examination on 04/17/2014 that revealed complaints of constant headaches. The medications were Imitrex 50 mg, tramadol 50 mg 1 twice a day, Soma 350 mg 1 twice a day, and verapamil 240 mg 1 at bedtime. The prescriber did note that the injured worker had a few tablets of Soma left stating that there must be some days that the injured worker does not take it every day. The diagnoses were chronic post concussive syndrome with pronounced migraine headache, rule out post concussive cognitive impairment. The treatment plan was to increase verapamil to 2 tablets at bedtime, continue medications as prescribed, neuropsychiatric evaluation and testing will be recommended. Past treatment plans were not reported. The request was for carisoprodol tablet 350 mg 30 day supply. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tab 350 mg 30 day supply Qty 60 Refills 5.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

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

Decision rationale: The request for Carisoprodol tablet 350 mg 30 day supply qty 60, refills 5, is not medically necessary. This medication is also known under the name of Soma. The California MTUS states that it does not recommend. This medication is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs. Carisoprodol has been used to prevent side effects of cocaine; it is mixed with benzodiazepines or alcohol, and has been used with tramadol to produce relaxation and euphoria. The document submitted did not note if the injured worker had any type of measurable gain in functional improvement after taking the medication Carisoprodol. It was not noted if it helped to increase activities of daily living. It was not noted if past treatment modalities were attempted, such as other medications like NSAIDs. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.