

Case Number:	CM14-0074421		
Date Assigned:	07/16/2014	Date of Injury:	08/16/1993
Decision Date:	08/22/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 66-year-old female with an 8/16/93 date of injury. At the time (5/9/14) of request for authorization for Carisoprodol tablet 350mg, Day Supply: 30, Qty: 90, Refills: 00, there is documentation of subjective (neck and jaw pain associated with spasms) and objective (tenderness over the trapezii, painful and decreased range of motion, and positive twitch) findings, current diagnoses (cervical strain with degenerative disc disease and left shoulder strain), and treatment to date (medications (including ongoing treatment with Soma since at least 9/16/13)). Medical reports identify that medications help with about half of the symptoms, and allow the patient to get out of bed and do some walking and some light yoga. There is no (clear) documentation of acute muscle spasms and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tablet 350mg, Day Supply: 30, Qty: 90, Refills: 00: 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 (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical strain with degenerative disc disease and left shoulder strain. In addition, given documentation of ongoing treatment with Soma (Carisoprodol) that helps with about half of the symptoms, and allow the patient to get out of bed and do some walking and some light yoga, there is documentation of functional benefit and an increase in activity tolerance as a result of Soma (Carisoprodol) use to date. However, despite documentation of spasms, and given documentation of an 8/16/93 date of injury, there is no (clear) documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Carisoprodol since at least 9/16/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Carisoprodol tablet 350mg, Day Supply: 30, Quantity: 90, Refills: Zero is not medically necessary.