

Case Number:	CM14-0084538		
Date Assigned:	07/21/2014	Date of Injury:	10/06/2010
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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 and is licensed to practice in Illinois. 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 53-year-old female with a reported date of injury on 10/08/2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include, right upper extremity brachial plexopathy, degenerative joint disease to her back, cervical instability, cervical intervertebral disc disorder, lumbar intervertebral disc disorder, cervical radiculopathy, lumbar radiculitis, and right shoulder impingement syndrome. Her previous treatments were noted to include medications and trigger point injections. The progress note dated 06/06/2014 revealed that the injured worker complained of significant pain to her neck and lower back that radiated down her right arm and right leg. She complained of numbness and tingling to her right arm and hand and right leg and foot. The injured worker was having significant spasms in her neck and lower back that were being controlled with Soma. The injured worker indicated that the Soma allowed her to get a good night's rest. The injured worker reported she did have trouble falling and staying asleep and also complained of daytime drowsiness. The injured worker's medications were noted to included naproxen 550 mg, Norco 10/325, Ambien 10 mg, Genecin capsules, Terocin patches x 3, Somnacin capsules, transdermal analgesic ointments, and gabapentin 600 mg for radiculopathy and omeprazole 20 mg. The physical examination revealed the cervical spine had pain with inter-reflection at 45 degrees and posterior extension at 20 degrees. The injured worker had pain with her left hand and right lateral rotation at 20 degrees and left and right lateral tilt at 15 degrees. The motor strength was rated 4.5 out of 5 in the right upper extremity, 5 out of 5 in the left upper extremity. The reflexes were 1+ and equal bilaterally in the upper extremities. The lumbar spine had pain with the anterior flexion at 55 degrees and posterior extension at 15 degrees. The injured worker had pain with left and right lateral rotation at 15 degrees and right and left lateral tilt at 10 degrees. The motor strength was rated 5 out of 5 to the bilateral lower extremities. Request For Authorization form

was not submitted within the medical records. The request for carisoprodol 350 mg #90, 30 day supply for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #90, 30 day supply: Upheld

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

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

Decision rationale: The injured worker has been utilizing this medication for muscle spasms. The California Chronic Pain Medical Treatment Guidelines do not recommend this medication for long term use. Carisoprodol is commonly prescribed skeletal muscle relaxant whose primary active metabolite is medrophomate. Abuse has been noted for sedative and relaxant effects. The guidelines do not recommend carisoprodol for a long term use and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.