

Case Number:	CM14-0084757		
Date Assigned:	07/21/2014	Date of Injury:	03/04/1997
Decision Date:	09/17/2014	UR Denial Date:	05/25/2014
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 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 77-year-old female who reported an injury on 03/04/1997. The mechanism of injury was not specifically stated. Current diagnoses include acute/chronic arthritis, fibromyalgia, and upper back pain. The injured worker was evaluated on 03/18/2014 with complaints of upper and lower back pain. Previous conservative treatment includes physical therapy, trigger point injections, and medication management. It is also noted that the injured worker has undergone a cervical fusion and right knee surgery. The injured worker also underwent electrodiagnostic studies on 11/12/2013, which indicated evidence of chronic radiculopathy at the right S1 nerve root. The current medication regimen includes Lunesta, Norco, Topamax, Wellbutrin, Gabapentin, Soma, and Cymbalta. Physical examination revealed painful range of motion of the cervical spine, tenderness in the upper back and neck area bilaterally, and tenderness at the lower back and right lateral thigh region. Treatment recommendations at that time included additional trigger point injections and continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #270, 90 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There was no evidence of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the current request. As such, the request for Carisoprodol 350 mg #270, 90 day supply is not medically necessary.