

Case Number:	CM14-0096232		
Date Assigned:	09/15/2014	Date of Injury:	11/21/2003
Decision Date:	11/14/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 American Board Internal 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:

The physician documentation available for review was from the treating psychiatrist/psychologist. The injured worker (IW) is a 54-year-old woman with a date of injury of November 21, 2003. The IW has a history of cumulative trauma as well as specific orthopedic neck injury. The mechanism of injury was not documented. There was a previous documentation dated May 7, 2014 wherein the request for Carisoprodol 350mg #120 was non-certified. Pursuant to the Supplemental Medical-Legal Evaluation in Psychiatry dated June 6, 2014, the IW was diagnosed with major depressive disorder, and panic disorder with agoraphobia. Causation of her psychiatric disorders was due to the sequel of her work-related orthopedic injury with resultant chronic pain and dysfunction. The IW had subsequent treatment (not detailed in the medical record) for her orthopedic injuries with persistent symptomatology. It was stated as a result of persistent pain and disability, the IW developed symptoms of depression, anxiety, irritability, and insomnia. There is no documentation in the medical record of current medications, if any, and the effectiveness of those medications. It is noted by the provider, in the June 6, 2014 progress note, that Soma is generally not utilized as a psychiatric medication; rather, it is more typically utilized by orthopedic surgeons and pain specialists in treating muscle spasms associated with acute injury or chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants - Antispasmodics Page(s): 64-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Carisoprodol

Decision rationale: The Chronic Pain Medical Treatment Guidelines state Carisoprodol is not recommended. This medication is not indicated for long-term use. It is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate. Abuse has been noted for its sedative and relaxant effects. The official disability guidelines do not recommend Carisoprodol for similar reasons. In this case, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines do not recommend Soma. There are more appropriate first-line treatments available with a safer side effect profile. Additionally, there is no documentation in the record that Carisoprodol is to be used for short-term management nor is there documentation as to whether the injured worker has received Carisoprodol in the past. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Carisoprodol (Soma) is not medically necessary.