

Case Number:	CM14-0178255		
Date Assigned:	12/12/2014	Date of Injury:	04/18/2000
Decision Date:	01/28/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 57-year-old man who sustained a work-related injury on April 18, 2000. Subsequently, the patient developed chronic neck, low back, and shoulder pain. The patient underwent a right shoulder surgery on March 14, 2012. According to a progress report dated September 23, 2014, the patient complained of right shoulder, lower back, and cervical spine pain. Objective findings included restricted range of motion of the lumbar spine, reflexes were intact, positive straight leg raising test. The patient was diagnosed with shoulder sprain/tendinitis, impingement syndrome, lumbar spine degenerative disc disease, radiculopathy, cervical spine degenerative disc disease, and wrist sprain/strain. The provider requested authorization for Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, there is no documentation of muscle spasms, cramping or trigger points that require treatment with a muscle relaxant. There is no justification for prolonged use of Carisoprodol. The request for Carisoprodol 350mg #60 is not medically necessary.