

Case Number:	CM14-0188964		
Date Assigned:	11/19/2014	Date of Injury:	03/15/2006
Decision Date:	01/07/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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 Emergency 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 injured worker is a 55 year-old female, who sustained an injury on March 15, 2006. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: right carpal tunnel release 2006, left shoulder arthroscopy 2006 and 2007, left cubital tunnel release 2007, anterior cervical fusion 2008, left carpal tunnel release 2009, left lateral epicondylectomy 2013, physical therapy, medications. The current diagnoses are: S/P right carpal tunnel release 2006, left shoulder arthroscopy 2006 and 2007, left cubital tunnel release 2007, anterior cervical fusion 2008, left carpal tunnel release 2009, and left lateral epicondylectomy 2013. The stated purpose of the request for Carisoprodol 350mg #90 was not noted. The request for Carisoprodol 350mg #90 was denied on October 13, 2014, citing a lack of guideline support for long-term use of this muscle relaxant. Per the report dated August 8, 2014, the treating physician noted a July 21, 2014 right ankle fracture with additional complaints of pain to the cervical spine with radiation to the upper extremities, stomach pain. Exam shows limited cervical range of motion with spasm, positive Spurling sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30, 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle Relaxants Page(s): 29; 63-66.

Decision rationale: The requested Carisoprodol 350mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, page 29 specifically does not recommend this muscle relaxant, and Muscle Relaxants, pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the cervical spine with radiation to the upper extremities, stomach pain. The treating physician has documented limited cervical range of motion with spasm, positive Spurling sign. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Carisoprodol 350mg #90 is not medically necessary.