

Case Number:	CM14-0191423		
Date Assigned:	11/25/2014	Date of Injury:	09/29/2009
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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:

48 year old male claimant sustained a work injury on 2/2/96 involving the shoulder and back. He was diagnosed with right shoulder adhesive capsulitis, lumbar facet pain and sacroiliitis. He had been on Hydrocodone and Carsiprodolol since at least March 2014. A progress note on 4/26/14 indicated his pain was 7/10 and he had tenderness in the right AC joint with 150 degree of forward flexion. A progress note on 8/20/14 indicated the claimant had 7/10 pain with spasms in the right shoulder and flexion to 130-deg. He remained on Norco, Carsiprodolol and Nabumetone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 24, 29 & 124.

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

Decision rationale: According to the MTUS guidelines, Carsiprodolol is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Abuse has been noted for

sedative and relaxant effects. As a combination with Hydrocodone, an effect that some abusers claim is similar to Heroin. In this case, it was combined with Hydrocodone which increases side effect risks and abuse potential. The use of Carsiprodolol is not medically necessary.