

Case Number:	CM14-0196218		
Date Assigned:	12/04/2014	Date of Injury:	03/20/2009
Decision Date:	01/26/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology 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 was a 46 -year-old male, who was injured on the job, March 3, 2009. The injured workers job entailed cleaning cars and other repetitive duties. The injured worker had continued neck and bilateral shoulder pain right being worse than the left. The pain started in the right shoulder. The pain radiates to both sides of the neck a tingling sensation down both arms and fingers with paresthasias to bilateral hands. The injured worker had right shoulder surgery twice. The injured worker can return to work December 8, 2014, with work restrictions of no overhead activities with bilateral upper extremities and no repetitive use of bilateral hands. The injured work was to continue Norco and Naprosyn and was going to start on Neurontin. The documentation submitted for review did not include radiology reports, current medication list, operative reports, diagnostic studies or reports and past medication treatments such as physical therapy etc. On November 12, 2014, the UR denied Carisoprodol tablets 350mg, quantity 60, with 60 refills, due to the MTUS guidelines for Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol (Soma) Page(s): 29,63,65,105.

Decision rationale: This is a review for the request of Carisoprodol 350 mg #60. Carisoprodol (Soma) is a centrally acting muscle relaxant. Per MTUS Guidelines, non-sedating muscle relaxants for pain are recommended with caution as a second-line option for short-term treatment. Carisoprodol is not recommended per MTUS Guidelines as it causes sedation, which may be severely increased when combined with narcotic medications. In addition, the primary active metabolite of Soma will accumulate over time, which can result in severe intoxication and difficulty with abrupt discontinuation. Furthermore, there is no documented evidence indicating the reasons for prescribing soma as even a short-term course or a second-line option for this patient. Therefore, the above listed issue is considered to be NOT medically necessary.