

Case Number:	CM14-0197559		
Date Assigned:	12/05/2014	Date of Injury:	10/29/1999
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/25/2014

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 Physical Medicine & Rehabilitation 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:

This case involves a 56 year-old female who sustained an injury on October 29, 1999, while performing regular work duties. The records indicate the injured worker had a lumbar spine surgery in October 2014, a left rotator cuff and elbow repair in January 2010, a right total hip replacement, and partial knee replacement on an unknown date. Other treatments have included medications, and epidural steroid injections. On November 7, 2014, an evaluation indicates that the injured worker feels Oxycodone and Soma (Carisoprodol) are effective, and continues on a home exercise program. The injured worker has been using Carisoprodol since at least September 22, 2014. The records indicate the injured worker uses Soma three times a day in conjunction with Oxycodone and this allows her to participate in activities of daily living. The records do not indicate a pain scale of the effect Soma has on this injured worker. The records do not indicate what the functional capacity is for this injured worker. There are urine drug screen results provided for this review which are positive for Soma. The request for authorization is for Carisoprodol 350 mg tablets, quantity #30, with 60 refills. The primary diagnosis is degeneration of cervical intervertebral disc. On September 29, 2014, Utilization Review non-certified the request for Carisoprodol 350 mg tablets, quantity #90, based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tab 350mg 30 day supply, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 1999. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment, and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. Therefore, the request for Carisoprodol tab 350mg, 30 day supply #90 is not medically necessary and appropriate.