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| Case Number: | CM14-0199451 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 03/04/1997 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old female with a work injury dated 3/4/97. The diagnoses include cervical degenerative disk disease with radiculopathy. Under consideration are requests for Carisoprodol 350 mg, sixty count without refills. The documentation reveals that the patient had a physical exam 7/11/14 which revealed decreased range of motion of the cervical region. The documentation indicates that the patient has had a cervical epidural injection with epidurogram of C7-T1 on 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg, #60 without refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(chronic)-Carisoprodol (Soma®).

Decision rationale: Carisoprodol 350 mg, sixty count without refills is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted

for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. Carisoprodol is only indicated for acute myospasm or pain for short term use. There are no extenuating circumstances that would warrant going against guideline recommendations and using this medication. The patient does not have acute myospasm and has chronic pain. The request for Carisoprodol is not medically necessary.