

Case Number:	CM14-0208770		
Date Assigned:	01/14/2015	Date of Injury:	12/19/2007
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 49 year-old female with date of injury 12/19/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/03/2014, lists subjective complaints as pain in the right shoulder and low back. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paraspinal muscles. Range of motion was restricted. Sensation was reduced in both hands. Anterior portion of the right shoulder was tender to palpation with restricted range of motion. Straight leg raising test was positive bilaterally from a sitting position. Diagnosis: 1. Cervical radiculopathy. 2. Lumbar radiculopathy. 3. Shoulder impingement. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medication: 1. Carisoprodol 350mg, #60 SIG: take one twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS states that Carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Carisoprodol 350mg #60 with 2 refills is not medically necessary.