

Case Number:	CM14-0063820		
Date Assigned:	07/11/2014	Date of Injury:	02/03/2013
Decision Date:	01/31/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/06/2014

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, has a subspecialty in Acupuncture & Pain 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:

This 37 year old male worker was injured when he was on an aerial lift and was pinched between the basket and mechanism. The date of injury was February 3, 2013. Diagnoses include cervical sprain, head injury and lumbar radiculopathy. A functional capacity evaluation on October 3, 2013 indicated the injured worker demonstrated an ability to function in the light with some abilities in the medium physical demand level for an 8 hour work day. On March 18, 2014, the injured worker complained of pain in his neck and lower back. He was noted to feel a pinched nerve in his neck that radiated to his left shoulder. Physical examination of the cervical spine revealed tender paravertebral muscles, spasm and a range of motion that was moderately restricted. Physical examination of the lumbar spine revealed tender paravertebral muscles, spasm and restricted range of motion. Notes stated that he was doing regular work at the time. Treatment modalities included chiropractic treatment, home exercises, stretching and medications. The chiropractic treatment was noted to improve the symptoms. A request was made for Carisoprodol 350mg 1 daily #60 refill x2. On April 11, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg 1 daily #60 with 2 refills: 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 Page(s): 29.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." As this medication is not recommended by MTUS, it is not medically necessary.