MAXIMUS Federal Services

Case Number:	CM15-0010010		
Date Assigned:	01/27/2015	Date of Injury:	09/09/2006
Decision Date:	03/16/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/16/2015

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: Emergency 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:

The injured worker is a 66 year old male, who sustained an industrial injury on September 9, 2009. His diagnoses include PTSD (post traumatic stress disorder), motor vehicle traffic accident of unspecified nature injury, injury to bronchus without open wound cavity, and unspecified chest pain. He has been treated with pain and muscle relaxant medications, and urine drug screening. On November 14, 2014, his treating physician reports the injured worker is using his pain and muscle relaxant medications infrequently on an as needed basis. The physical exam revealed a well healed chest laceration scar, and minimal tenderness to palpation of the right lateral intercostal space (ICS) and with lateral chest compression. The treatment plan includes pain and muscle relaxant medications.On January 2, 2015 Utilization Review non-certified a prescription for carisoprodol 250mg #90, noting the long term use of this medication is not recommended by the guidelines, and there is potential for abuse and dependency. There were no cited guidelines in the Utilization Review documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 250mg,quantity: 90, dispensed 11/14/14.: 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: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria.Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.