

Case Number:	CM15-0019099		
Date Assigned:	02/09/2015	Date of Injury:	08/01/1995
Decision Date:	04/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/02/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 71 year old female, who sustained an industrial injury on 8/1/1995. The details regarding the initial injury and prior treatments were not submitted for this review. The diagnoses have included cervicalgia, lumbago, myofascial pain and chronic pain syndrome. Currently, the IW complains of chronic neck and back pain. The provider documented this was complicated due to diagnoses of bipolar disease and chronic recurrent headaches. Physical examination from 12/11/14 documented limited lumbar Range of Motion (ROM) with no other significant abnormal findings. The plan of care included continuation of previously prescribed narcotic medications, medications for insomnia, and Soma for muscle spasms. On 1/19/2015 Utilization Review non-certified Carisoprodol tablet 350mg day supply: 30 QTY#90 with four refills from date of service 1/8/15, noting the guidelines do not support long term use. The MTUS Guidelines were cited. On 2/2/2015, the injured worker submitted an application for IMR for review of Carisoprodol tablet 350mg day supply: 30 QTY#90 with four refills from date of service 1/8/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1995. The medical course has included numerous treatment modalities and use of several medications including narcotics and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visits fail to document any improvement in pain, functional status or a discussion of side effects specifically related to carisoprodol to justify use. The medical necessity of carisoprodol is not substantiated in the records.