

Case Number:	CM15-0132232		
Date Assigned:	07/20/2015	Date of Injury:	11/13/2013
Decision Date:	08/17/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, Florida, 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:

This 33 year old male sustained an industrial injury on 11/13/13. He subsequently reported right hand and low back pain. Diagnoses include lumbar strain/ sprain and right hand sprain/ strain. Treatments to date include x-ray, nerve conduction and MRI testing, chiropractic care, acupuncture, physical therapy, a back brace and prescription medications. The injured worker currently has complaints of eye discomfort and blurred vision. Upon examination, tenderness was noted with palpation to the right wrist and with palpation to the lumbar paraspinals. Lumbar range of motion is restricted. A request for Carisoprodol 350mg, quantity: 60 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, quantity: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 of 127.

Decision rationale: This claimant was injured in 2013 with right hand and low back pain. Diagnoses include lumbar strain/ sprain and right hand sprain/strain. Treatments to date has been an x-ray, nerve conduction, MRI testing, chiropractic care, acupuncture, physical therapy, a back brace and prescription medications. There is tenderness was noted with palpation to the right wrist and with palpation to the lumbar paraspinals. No overt muscle spasm is noted. The MTUS notes regarding Soma, also known as carisoprodol: Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004) Soma is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request is not medically necessary.