

Case Number:	CM15-0132661		
Date Assigned:	08/19/2015	Date of Injury:	04/17/2003
Decision Date:	09/15/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/09/2015

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: Physical Medicine & Rehabilitation

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 56 year old female who sustained an industrial injury on 4-17-03 when she fell off of her chair landing on the floor and she braced herself with her hands and wrists. She also injured her low back and shoulders. She currently complains of constant left and right wrist pain and muscle spasms. On physical exam of the wrists there was swelling of the wrist joint over bilateral carpometacarpal joint #1 and the middle and index finger, proximal interphalangeal joints are mildly swollen and tender, tenderness to palpation was noted over the radial side. Medications were Doc-q-lace, gabapentin, hydrocodone-acetaminophen, Senna laxative, Zolpidem, carisoprodol, escitalopram, calcium magnesium, Celebrex. She is able to function and perform activities of daily living consistently because of pain control obtained from her medications. Diagnoses include lumbar disc disorder; entrapment neuropathy upper limb; extremity pain; hand pain; shoulder pain, status post rotator cuff repair X2 to left shoulder; mood disturbances; sleep disturbances; carpal tunnel syndrome. Treatments to date include physical therapy which was helpful; home exercise program; shoulder cortisone injections with minimal relief; transcutaneous electrical nerve stimulator unit; psychological pain management coping skills; medications; chiropractic care. Diagnostics include MRI (10-2012); x-rays (8-2013) location of radiographs was not specific. In the progress note dated 6-10-15 the treating provider's plan of care included a request to continue carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg Qty 60 (retrospective DOS 6/15/15): 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 29.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2003 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Carisoprodol 350 mg Qty 60 (retrospective DOS 6/15/15) is not medically necessary and appropriate.