

Case Number:	CM15-0141306		
Date Assigned:	07/31/2015	Date of Injury:	04/06/2015
Decision Date:	09/24/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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 60 year old male, who sustained an industrial injury on 4-6-2015. He reported falling from a height of 5-6 feet, and injuring his head, upper and lower back, he lost consciousness during the event. The injured worker was diagnosed as having history of low back surgery (1985), status post fall from scaffolding, comminuted left scapula fracture, compression deformities of thoracic vertebral bodies. Treatment to date has included emergency room treatment, laceration stapling, hospital treatment with neurologic monitoring and pain control, medications, blood work, CT scans of the head, neck, abdomen and pelvis. The request is for Carisoprodol. On 4-6-2015, he was seen in the hospital after falling from a height of 5-6 feet. He lost consciousness and was amnesic and confused afterward. He is noted to have tenderness to the low back. On 4-20-2015, he complained of head, left shoulder and back pain. He rated his pain 7-8 out of 10. He is not working. The treatment plan included: removal of staples, referral to orthopedics, off work, Tylenol as needed, Oxycodone for severe pain and Robaxin for spasms. He is noted to have been returned to modified duty on 5-8-2015. On 6-25-2015, he reported not working since the date of the accident. He reported daily headaches, neck pain rated 8 out of 10, left shoulder pain rated 8 out of 10, right shoulder pain rated 8 out of 10, upper back pain rated 8-9 out of 10, low back pain rated 8-9 out of 10. He also reported difficulty sleeping and gets 4 hours of sleep, waking 1-2 times during the night and difficulty falling back to sleep with fatigue during the day. He indicated he had stress and anxiety and started smoking due to anxiety. Physical examination revealed tenderness in the shoulders and spasm in the low back. The treatment plan included: physical therapy, psychological evaluation, internal medicine

consult, electrodiagnostic studies, magnetic resonance imaging of the shoulders, lumbar spine and neck; and Carisoprodol, Naproxen sodium, and Omeprazole.

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, 1 tablet 2 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Soma. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient was injured on 04/06/15 and presents with headaches, neck pain, left/right shoulder pain, upper/lower back pain, sleep difficulty, stress, and anxiety. The request is for CARISOPRODOL 350 MG QTY 60, 1 TABLET 2 TIMES DAILY. The RFA is dated 06/25/185 and the patient is not currently working. It is unknown when the patient began taking this medication. MTUS Guidelines, Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. The patient has tenderness to pressure over the bilateral anterior shoulders, a restricted shoulder range of motion, a positive impingement sign on the left, a restricted lumbar spine range of motion, spasm in the paraspinal muscles, tenderness to palpation of the paraspinal muscles, and reduced sensory in the L5 dermatomal distribution. He is diagnosed with low back surgery (1985), status post fall from scaffolding, comminuted left scapula fracture, and compression deformities of thoracic vertebral bodies. MTUS Guidelines do not recommend the use of Carisoprodol for longer than 2 to 3 weeks. In this case, the treater is requesting for 60 tablets of Carisoprodol, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Carisoprodol IS NOT medically necessary.