

Case Number:	CM15-0149238		
Date Assigned:	08/12/2015	Date of Injury:	06/14/2014
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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: Connecticut, California, Virginia
 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:

The injured worker is a 51-year-old female, who sustained an industrial injury on June 14, 2014. She reported increased right shoulder pain. Treatment to date has included electro diagnostic study, activity modification, medication, physical and occupational therapy, MRI, x-rays and acupuncture. Currently, the injured worker complains of shoulder pain that radiates to both arms and is rated at 5 on 10. The pain is described as aching, throbbing, sharp, shooting and accompanied by numbness and tingling in both of her arms. She reports constant, aching bilateral elbow pain (right greater than left) that is rated at 5 on 10. She experiences constant bilateral wrist pain (right greater than left) that travels into her hands and is rated at 5 on 10. The pain is described as aching, sharp and shooting. Her bilateral hand pain (right greater than left) is reported as constant and is described as aching, sharp and throbbing. She rates her hand pain at 6 on 10. She reports constant neck pain that is described as aching, shooting and throbbing and is rated at 6 on 10. The injured worker reports constant low back pain that radiates to both of her legs and is accompanied by numbness. She describes the pain as aching, sharp and shooting and rates it at 7-8 on 10. She also reports sleep disturbance due to the pain. Of note, the injured worker's pain rating is without the benefit of medication. The injured worker is currently diagnosed with cervical spine sprain-strain, lumbar spine sprain-strain, bilateral shoulder sprain-strain, bilateral wrist sprain, bilateral elbow lateral epicondylitis, bilateral elbow medial epicondylitis and rule out cervical and lumbar degenerative disc disc-joint disease. Her work status is temporary total disability. In a progress note dated January 27, 2015, it states the injured worker was averaging four hours of sleep a night before starting her medication. In a

note dated March 3, 2015, the injured worker reports her pain is relieved with rest and activity modification. A progress note dated May 26, 2015, states the injured worker did not experience long term efficacy from acupuncture. The note also states the injured worker is experiencing difficulty engaging in activities of daily living due to pain and myospasms. The therapeutic response to physical and occupational therapy was not included in the documentation. The medication, Carisoprodol 350 mg #60 is requested to provide relief from muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tab 350 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section.

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

Decision rationale: The MTUS does not recommend use of Soma, as this medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case, due to the chronicity of the patient's symptoms and the contraindication for use per the guidelines, the request is not considered medically necessary.