

Case Number:	CM15-0199822		
Date Assigned:	10/15/2015	Date of Injury:	04/20/2015
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/12/2015

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: Emergency 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 36 year old male/female, who sustained an industrial injury on 4-20-2015. The injured worker was being treated for thoracic back pain and neck pain. Medical records (6-23-2015, 7-7-2015, and 8-19-2015) indicate ongoing neck tightness and burning pain radiating to the right shoulder and between the shoulder blades. The physical exam (6-23-2015, 7-7-2015, and 8-19-2015) reveals mild to moderate tenderness to palpation and palpable muscle spasm of the right trapezius and thoracic paraspinal muscles with point tenderness, full range of motion of the cervical spine with pain, and full thoracic range of motion. On 4-21-2015, x-rays of the cervical spine revealed no significant abnormalities. On 6-30-2015, an MRI of the thoracic spine revealed minimal degenerative changes. On 6-30-2015, an MRI of the cervical spine revealed minimal to mild multilevel disk and osteophyte complexes, and a broad-based complex at C6-7 (cervical 6-7) with borderline central canal stenosis. Treatment has included physical therapy, home exercises, off work, work modifications, and medications including Cyclobenzaprine, Soma (since at least 8-2015), Tramadol Hcl, and Naproxen Sodium. Per the treating physician (7-7-2015 report), the injured worker is off work as her employer cannot accommodate her moderate work status. The requested treatments included Carisoprodol 350mg, 1 tablet prior to bed for muscle spasms. On 9-18-2015, the original utilization review non-certified requests for Carisoprodol 350mg, 1 tablet prior to bed for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, 1 tablet prior to bed for muscle spasms, (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.