

Case Number:	CM15-0206622		
Date Assigned:	10/23/2015	Date of Injury:	10/01/2007
Decision Date:	12/09/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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 57 year old male who sustained an industrial injury October 1, 2007. Diagnoses are abnormal involuntary movements; myofascial pain cervical spine; chronic pain syndrome; major depression. According to a certified physician's assistants report dated August 20, 2015, the injured worker presented for his routine monthly follow-up for medication refills. His symptoms remain unchanged. Current medication included Norco, Elavil, Gabapentin and Soma (started May 11, 2015) after failing a trial of Flexeril and Zanaflex. He reported medication allows him to cook, clean, and perform light household duties. General examination included; back- pump site demonstrates no signs of tenderness, erythema, or seroma and a well healed scar; involuntary tremor in upper extremities, decreased grip strength bilaterally, sensory exam intact. According to a primary treating clinical psychologist's handwritten report dated August 25, 2015, the injured worker presented for follow-up and complaining of heel pain and loosing flexibility with numbness to the feet and toes. Stanford Scale pain severity 14.5-20 especially the right foot and ankle. Treatments included continue with cognitive behavior therapy and monitor medication effects. At issue, is a request for authorization for Carisoprodol. A urine toxicology report dated October 2, 2014 is present in the medical record and documented as positive inconsistent results-analyte detected; Oxycodone, Noroxycodone, Oxymorphone, but no corresponding medication reported. Medications reported but not tested for in the report; Amitriptyline, Baclofen, Diazepam, Gabapentin, and Norco. According to utilization review dated September 26, 2015, the requests for Amitriptyline and Hydrocodone-APAP were

certified. The request for Carisoprodol Tablet 350mg Rx date 09-24-2015 Day Supply: 30
Quantity: 60 Refills (0) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Carisoprodol tab 350mg Day supply 30: Qty: 60 with no refills
(DOS: 09/24/15): Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain 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. There is no rational justification for continuing this medically inappropriate medication. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.