

Case Number:	CM15-0030433		
Date Assigned:	02/25/2015	Date of Injury:	05/26/2013
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old female patient, who sustained an industrial injury on 5/26/2013. She sustained the injury due to continuous trauma. The diagnoses include lateral epicondylitis, cervical radiculopathy, sprains and strains of shoulder and upper arm, not elsewhere classified and pain in limb. Per the doctor's note dated 1/21/2015, she had complaints of low back and right knee pain. Per the Primary Treating Physician's Progress Report dated 12/17/2014, she had no significant improvement since the last exam. She had complaints of pain in the cervical spine that causes headaches. Physical examination revealed tender paravertebral muscles with spasm and decreased range of motion, positive Spurling's test; shoulder examination- tender upper trapezius, decreased range of motion with forward flexion and abduction; tenderness to palpation of the lateral elbow; tenderness to palpation and spasm of the paravertebral muscles with decreased range of motion. The medications list includes soma, omeprazole, norco and naproxen. She has had lumbar MRI on 7/10/2014. She has had aqua therapy for this injury. The plan of care included orthopedic consultation, aqua therapy, TENS unit, neurology consultation and medications. On 12/17/2014, authorization was requested for Carisoprodol and Naproxen Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 Muscle relaxants (for pain), page 64.

Decision rationale: Request: Carisoprodol 350mg #60 with 2 refills. According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS chronic pain guidelines do not recommend soma for long-term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response to NSAIDs without muscle relaxants is not specified in the records provided. The medical necessity of Carisoprodol 350mg #60 with 2 refills is not established in this patient at this time.