

Case Number:	CM14-0104611		
Date Assigned:	08/08/2014	Date of Injury:	04/11/2011
Decision Date:	10/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old male with a 4/11/11 date of injury. The mechanism of injury occurred as a result of his usual and customary duties as a special education assistant. According to a progress report dated 6/19/14, the patient stated that he continued to have back and bilateral lower extremity pain without improvement since the last exam. Objective findings: paravertebral muscles are tender with spasms, restricted ROM of lumbar spine. Diagnostic impression: old disruption of anterior cruciate ligament, postsurgical status not elsewhere classified. Treatment to date: medication management, activity modification, physical therapy, acupuncture. A UR decision dated 6/23/14 denied the request for Carisoprodol. The medical records in this case do not provide a rationale as to why this claimant would require Carisoprodol in contrast to the guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: The MTUS Chronic Pain Guidelines states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. According to the records reviewed, this patient has been on Carisoprodol since at least 2/6/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Carisoprodol 350mg #60 is not medically necessary.