

Case Number:	CM14-0134252		
Date Assigned:	08/25/2014	Date of Injury:	06/15/2011
Decision Date:	10/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/19/2014

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 53-year-old female with a date of injury of 6/15/11. The mechanism of injury was not noted. On 7/17/14 she was seen for follow-up visit after her completed physical therapy session following manipulation under anesthesia of her right shoulder, which was done about 6 months ago. On exam the right shoulder had restricted range of motion with positive mild impingement sign and mild positive Neer test. The neck had restricted range of motion with no focal neurological deficits C4-T1 on motor or sensory evaluation. The plan was to renew the Norco and Carisoprodol (Soma) for muscle spasms. The diagnostic impression is multilevel cervical spine DDD, right shoulder impingement syndrome with a rotator cuff tear, and s/p (status post) arthroscopy right shoulder and rotator cuff repair. Treatment to date: physical therapy, medication management, surgery. A UR decision dated 8/8/14 modified the request for Carisoprodol 350mg #60 with 1 refill to Carisoprodol 350mg #60 with no refill to allow for weaning purposes only. The Carisoprodol was modified because the patient has chronic neck and mild shoulder pain without documentation of muscle spasm or tonic. There is no documentation of a recent flare up. Therefore, the request is not medically necessary. However, due to the nature of this drug, weaning is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, QTY: 60, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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: CA MTUS 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. However, there was no documentation of an acute exacerbation of the patient's chronic pain. In addition, this is noted to be a month supply with a refill. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. In addition, the UR modified the Carisoprodol 350mg #60 with 1 refill to Carisoprodol 350mg #60 with no refill to allow for weaning purposes only. Therefore, the request for Carisoprodol 350mg Qty 60 with 1 refill is not medically necessary.