

Case Number:	CM14-0138780		
Date Assigned:	09/08/2014	Date of Injury:	11/30/2009
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 49 year old female with date of injury 11/30/09. The treating physician report dated 7/31/14 indicates that the patient presents with chronic right knee pain, left knee pain, right shoulder pain and lumbar pain. The physical examination findings reveal spasm of bilateral latissimus dorsi, lumbar flexion 10 degrees, extension 10 degrees, weakness of adductor hallucis longus and she cannot stand on her toes. The current diagnoses are: 1.Right knee internal disruption2.Left knee internal disruption3.Right shoulder internal disruption, probable rotator cuff tear, probable SLAP tear4.Lumbar spine pain and disease with probable discogenic basis5.Morbid obesity, 5 feet 2 inches and 314 poundsThe utilization review report dated 8/18/14 denied the request for Carisoprodol 350mg #60 based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 29; 63-66.

Decision rationale: The patient presents with chronic back pain, bilateral knee pain and right shoulder pain. The current request is for Carisoprodol 350mg. Review of the records provided show that the patient has been prescribed Soma since at least 5/20/14. The MTUS guidelines are very clear regarding Soma which states, "Not recommended. This medication is not indicated for long-term use." Continued usage of this muscle relaxant is not supported by MTUS beyond 2-3 weeks. There is no compelling rationale provided by the treating physician to continue this patient on this centrally acting skeletal muscle relaxant beyond the MTUS guideline recommendation of 2-3 weeks. The request is not medically necessary.