

Case Number:	CM14-0083860		
Date Assigned:	07/21/2014	Date of Injury:	01/08/2002
Decision Date:	09/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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 and Rehabilitation 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 injured worker is a 53 year old female who was injured on January 8, 2002. The mechanism of injury is undisclosed. Diagnoses are listed as displacement of cervical intervertebral disc without myelopathy. The most recent progress note dated 4/10/14, reveals complaints of chronic cervical spine pain. Physical examination revealed healed anterior and posterior incision, mild spasm noted, mild peri-incisional atrophy noted of cervical neck, motor strength of bilateral upper extremity C4-T1. Prior treatment includes C5 to C6 and C6 to C7 anterior cervical discectomy and interbody fusion, status post posterior cervical spinal fusion, physical therapy, and medications. A prior utilization review determination dated 5/6/14 resulted in denial of Carisprodol tablets 350 milligrams quantity 120 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisprodol Tab 350mg Qty 120 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Per the MTUS Chronic Pain Guidelines, Carisoprodol is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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. In regular abusers the main concern is the accumulation of meprobamate. There is no documentation of any improvement in pain or function with prior use. Long-term use of muscle relaxants is not recommended. Therefore, the request is not medically necessary and appropriate.