

Case Number:	CM15-0122771		
Date Assigned:	07/07/2015	Date of Injury:	09/25/2009
Decision Date:	08/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/25/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old female who sustained a work related injury September 25, 2009. According to the most recent primary treating physician's progress report March 27, 2015, the injured worker presented with complaints of burning and aching median ankle pain. Objective findings included pain into STJ (subtalar joint) with crepitus, sciatica and gate testing abnormal. There is nerve pain and medial foot and ankle burning aching pain, tarsal tunnel/edema ankle/ neuropathy. Diagnoses are traumatic arthritis; neuropathy; edema; RSD/CRPS (complex regional pain syndrome). Treatment included H-Wave to decrease pain by stimulating nerves in foot, wrapped ankle and foot in ace bandage and Unna boot to reduce swelling and pain, and dispensed Terocin patches. At issue, is a retrospective request for authorization for dispensed Carisoprodol on 4/16/2015. There are no medical records available for review for date of service, 4/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Carisoprodol 350mg #90 (dispensed on 4/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol Page(s): 29.

Decision rationale: Per MTUS CPMTG p29, "Not recommended. This medication 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs."The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.