

Case Number:	CM15-0067352		
Date Assigned:	04/15/2015	Date of Injury:	01/16/1996
Decision Date:	05/15/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/09/2015

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 55 year old female, who sustained an industrial injury on 01/16/1996. She has reported injury to the neck and low back. The diagnoses have included cervical disc degeneration; displacement of cervical intervertebral disc; cervical radiculitis; lumbago; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, cervical epidural steroid injection, lumbar facet joint injections, and intrathecal pump placement. Medications have included Oxycodone, Morphine, Bupivacaine, and Soma. A progress report from the treating provider, dated 03/12/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the neck, thoracic, and low back with left lower extremity radiculopathy; and her medications allow her to live an active life with less pain. Objective findings included tenderness of the upper thoracic paraspinals and trapezius bilaterally; and tingling in the right arm. The treatment plan has included the request for Carisoprodol tablets 350 mg (day supply: 30) quantity: 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tablets 350 mg (Day Supply: 30) Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

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

Decision rationale: Per MTUS CPMTG p 29, "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." As this medication is not recommended by MTUS, it is not medically necessary.