

Case Number:	CM14-0140436		
Date Assigned:	09/10/2014	Date of Injury:	09/09/2013
Decision Date:	10/06/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/29/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 61-year-old with a cumulative date of injury of 8/12/2013-06/06/2014. The patient has the diagnoses of derangement of the left shoulder and lumbar sprain/strain. Per the most recent progress notes provided by the primary treating physician dated 07/15/2014, the patient had complaints of recurrent headaches, continuous pain in the left shoulder and continuous pain in the lower back. The physical exam noted tenderness to palpation on the left shoulder with decreased range of motion and positive impingement sign on the left. The lumbar exam noted spasm in the paraspinals muscles, reduced sensation in the bilateral S1 dermatome, positive bilateral straight leg raise and decreased range of motion. Treatment recommendations included acupuncture, psychological evaluation, internal medicine evaluation, EMG/NCS of the bilateral lower extremities, MRI of the left shoulder and lumbar back and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tab 350mg day supply 30 QTY: 60.00 refills: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik 2004). Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. The long-term use of this class of medication is not recommended in the California MTUS. The patient has not been prescribed the medication for acute flare of chronic low back pain. The specifically requested medication is not recommended for use of greater than 3 weeks. For these reasons criteria guideline have not been met. Therefore the request is not medically necessary.