

Case Number:	CM13-0019458		
Date Assigned:	12/11/2013	Date of Injury:	06/29/2010
Decision Date:	02/04/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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 male who reported a work-related injury on 06/29/2010 due to a fall. The patient had previously undergone lumbar laminectomy and lateral antibody fusion to L4-5 in 2008 and had also undergone C5-6 and C6-7 anterior cervical discectomy and fusion in 2009. The patient has undergone cervical epidural injections which he reported made his pain worse. The patient's diagnoses are listed as failed back surgery syndrome and cervical myofascial pain. The patient has also undergone physical therapy, TENS unit, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation.

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

Decision rationale: The recent clinical documentation submitted for review stated the patient had increased pain to his neck that he rated at 6/10 to 7/10. His medications included Lidoderm,

Mobic, Norco, and Soma. It was noted that his low back pain was doing okay. Sensations were intact to the bilateral lower extremities with tenderness to palpation at C6/C7/T1 facets and positive facet loading noted. Carisoprodol is not recommended per California Chronic Pain Medical Treatment Guidelines. Guidelines further state the medication is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects and the main concern is the accumulation of meprobamate. As such, the decision for carisoprodol 350 mg #90 is non-certified.