

Case Number:	CM13-0021747		
Date Assigned:	04/28/2014	Date of Injury:	05/13/2012
Decision Date:	06/10/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational Medicine 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 patient is an employee of [REDACTED] and has submitted a claim for low back pain, associated with an industrial injury date of May 13, 2012. The treatment to date has included trigger point injection, physical therapy, acupuncture, chiropractic care, home exercise program and medications. Medical records from 2013 were reviewed the latest of which dated August 19, 2013 which revealed that the patient continues to complain of lower back pain with radiculopathy in the lower extremities mainly on the left side with numbness, tingling, and weakness. He has difficulty with his daily activities such as with prolonged periods of sitting, standing, walking, stair climbing, lifting, pushing, pulling, squatting, kneeling and stooping. On physical examination, there is spasm, tenderness and guarding noted in the paravertebral muscles of the lumbar spine along with decreased range of motion. Decreased dermatomal sensation with pain is noted over the left L5 dermatome. The utilization review from August 8, 2013 denied the request for Carisoprodol 350mg #40 because guidelines state that Carisoprodol is not recommended and not indicated for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG, #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CARISOPRODOL (SOMA $\frac{1}{2}$) Page(s): 29.

Decision rationale: Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Page 29 of the Chronic Pain Medical Treatment Guidelines states that Carisoprodol is not recommended for pain treatment and not indicated for long-term use. The only medical report provided for review was dated 8/19/13 in which the patient was diagnosed with lumbar radiculopathy. The patient's symptoms included low back pain aggravated by daily activities which included prolonged walking, sitting, standing, stair climbing, and lifting. It was noted that the patient was found to have lumbar paravertebral myospasms on examination for which trigger point injections were performed. It was noted that the patient's medications would be refilled to help with his pain and functional capacity, but the names of the medications were not stated. However, it is apparent that there was a request for Carisoprodol 350mg #45 which not provided with the records for this review. The patient was documented to have muscle spasms on examination, and #45 tablets would be consistent with short-term use. Therefore, Carisoprodol 350mg #45 was medically necessary.