

<b>Case Number:</b>	CM13-0036617		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/11/2003
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Family Practice 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 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 57 year old female who reported and injury on 02/11/2003. The mechanism of injury, surgical history, diagnostic studies, and other studies were note provided in the medical record. The clinical note dated 11/25/2013 subjective complaints were listed as daily back pain that rated as 7/10; the use of Norco decreases the pain to 3/10. She reported daily spasms with numbness and tingling, pain wakes her up disrupting her sleep. She uses hot and cold modalities for pain as needed. Objective findings noted tenderness in the low back region upon palpitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISOPRODOL 350MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol) Page(s): 29.

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

**Decision rationale:** California MTUS does not recommend Carisoprodol. This medication is not indicated for long-term use. It has been noted for sedative and relaxant effects frequently making it an abused medication. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation submitted for review did not include significant

objective findings of conservative failed treatments/ medications. As such, due to the Carisoprodol not being recommended by the MTUS, therefore the request for CARISOPRODOL 350MG #120 is not supported. Therefore the request is non-certified. Due to inadequate objective and subjective information provided, and the Official Disability Guidelines not recommending Carisoprodol treatments. Therefore, the request is non-certified.

**GYM MEMBERSHIP #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: NON-MTUS.

**Decision rationale:** The Official Disability Guidelines state that it does not recommend gym memberships as a medical prescription unless the patient has a documented home exercise program with periodically done assessments and revision have not been effective and there is a need for equipment, and that the treatment needs to be monitored and administered by medical professionals. Therefore, the request is non-certified.