

<b>Case Number:</b>	CM13-0043878		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Physical Medicine and Rehabilitation, 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 a 66-year-old that reported an injury on January 5, 2012 and the mechanism of injury was from a fall. The patient's current diagnosis is cervical disc degeneration. The medical documentation indicated that the patient has ongoing complaints of low back pain. The patient's current diagnosis is cervical disc degeneration. The current clinical note indicated the patient was seen for persistent low back pain. The documentation provided does not address the patient's current list of medications. The current treatment plan is for carisoprodol 350mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHARMACY PURCHASE OF CARISOPRODOL 350MG, 30 COUNT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Web Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than three weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence

that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The request for Carisoprodol 350 mg, 30 count, is not medically necessary or appropriate.