MAXIMUS Federal Services

Case Number:	CM13-0052671		
Date Assigned:	12/30/2013	Date of Injury:	12/14/2009
Decision Date:	03/19/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family Practice 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 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 36-year-old male who reported an injury on 12/14/2009. The mechanism of injury was not provided for review. The patient ultimately developed chronic low back pain that was managed with medications to include Dilaudid 4 mg, Norco 10/325 mg, Soma 350 mg, and Cymbalta 20 mg. The patient's most recent clinical evaluation noted that the patient did not have a primary care provider and required an additional prescription of medications. Physical findings included low back pain with normal motor strength and no evidence of adenopathy. The patient's diagnoses included chronic back pain. The patient's treatment plan included refill of all medications. The patient was counseled on seeking out a primary care doctor, as refills would no longer be provided in the emergency department.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

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

Decision rationale: The Physician Reviewer's decision rationale: The requested Carisoprodol 350mg, #60 is not medically necessary or appropriate. The clinical documentation submitted for review does support that the patient has been on this medication for an extended duration of time. The California Medical Treatment and Utilization Schedule only recommend a short course of treatment to be limited to 2 to 3 weeks for this medication. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested Carisoprodol 350mg, #60 is not medically necessary or appropriate.