

<b>Case Number:</b>	CM13-0054718		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/08/2010
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 39 year-old who states that repetitive demands on his back, wrist and knees cause chronic pain in 2010. He has undergone right-sided L4-5 microdiscectomy. The patient has had lumbar fusion surgery. The patient continues to have chronic low back pain. Treatments include physical therapy Cymbalta and lunesta. The patient does not have a documented trial of failure of conservative measures to include physical therapy in the charts. In addition there is no pain radiating or physical examination present in the medical records. At issue is whether pharmacy purchase of carisoprodol is medically necessary.

### 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 #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES 65

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL Page(s): 65. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**Decision rationale:** The medical records do not document a recent physical examination and there is no documentation that the patient has had increased functionality with the use of other

pain medications. There is no recent physical examination documented in the medical records upon which should determine medical necessity of this medication. The medical records do not contain documentation of increased functionality with the use of previous medications for the treatment this patient chronic back pain. In addition, guidelines do not recommended that of addictive medications with medications for the treatment of chronic low back pain. Criteria for use of this drug are not met at this time. MTUS and ODG Guidelines do not support the use of addictive medications in this case and therefore is not medically necessary.