

<b>Case Number:</b>	CM14-0005985		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	11/04/1996
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Nevada. 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 records presented for review indicate that this 59-year-old male was reportedly injured on November 4, 1996. The mechanism of injury is not listed in the records reviewed. The record does not contain any progress notes for the injured employee. Diagnostic imaging studies objectified diffuse degenerative bone, disc, and joint changes throughout the cervical spine with narrowing of the spinal canal at C5 - C6 and C6 - C7. There was also narrowing of the right C4 and C5 neural foramen as well as the left C6 and C8 neural foramen. Regarding the lumbar spine there was degenerative spurring noted at L3 and L4 with inter vertebral disc spaces well preserved. A request was made for carisoprodol and was not certified in the pre-authorization process on January 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISOPRODOL 350 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Carisoprodol Page(s): 29 OF 127.

**Decision rationale:** The medical record does not contain any progress notes regarding the injured employee. In order to justify the usage of carisoprodol, information must be supplied regarding the injured employees mechanism of injury, prior treatment, current complaints, physical examination, diagnosis, and treatment plan. Without this information, this request for carisoprodol is not medically necessary.