

Case Number:	CM14-0102668		
Date Assigned:	07/30/2014	Date of Injury:	01/09/1998
Decision Date:	09/24/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/02/2014

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 Board Certified in Geriatrics 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 injured worker is a 51 year old woman with a date of injury of 1/9/98. She was seen by her physician on 6/16/14 requesting authorization of medications including carisoprodol which was denied. She had been on the medication for over 5 years and was said to be 'stable' on the medication with no adverse effects. Her pain remained an 8/10. She was ambulatory with a cane. Her current medications included flexeril, cymbalta, carisoprodol, lunest, xanax, flector patch, dklaudid, norco and duragesic patch. Her physical exam was significant for 'spinal cord stimulator implanting site normal, no signs of infection'. Her diagnoses were lumbago, cervical and lumbar DDD and facet arthropathy and RSD upper limb. At issue in this review is the prescription for carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed McGraw Hill 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 1998. His medical course has included numerous treatment modalities including long-term use of several medications including narcotics and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MD visit of 6/14 fails to document any significant improvement in pain or functional status to justify long-term use. Additionally, she is taking flexeril, another muscle relaxant and there is no documentation of spasms on physical exam. The carisoprodol has been prescribed for long-term use and medical necessity is not supported in the records.