

<b>Case Number:</b>	CM14-0110712		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/29/2000
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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, has a subspecialty in Pain Management, 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 54-year-old with an injury date of November 29, 2000. Based on the February 24, 2014 progress report, the patient has pain in the region of the neck and of cervical radiculopathy in the right C6, C7, and C5 distribution. She has clinical bilateral carpal tunnel syndromes and right C5 and C6 radiculopathy. The March 19, 2014 report indicates that the patient has severe neck pain and pain in her posterior aspect of the right shoulder area. She had more muscle spasm in the right lower trapezius, levator scapulae, and rhomboid musculatures with a burning sensation. On March 24, 2014, the patient had surgery on her neck. A list of diagnoses was not provided. The utilization review determination being challenged is dated June 23, 2014. Treatment reports were provided from October 2, 2013 - March 12, 2014 (there were no recent reports provided).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350 mg, 100 count with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 29; 63-66.

**Decision rationale:** Based on the March 19, 2014 progress report mentioned in the utilization review letter, the patient complains of severe pain in her neck and posterior aspect of her right shoulder area. The request is for Carisoprodol 350 mg #100 with 2 refills. The patient has been taking Carisoprodol as early as January 28, 2014. The Chronic Pain Medical Treatment Guidelines does not support the use of Carisoprodol for long term. Review of the reports indicates that the patient has been taking Carisoprodol from at least January 28, 2014. Therefore, the request for Carisoprodol 350 mg, 100 count with two refills, is not medically necessary or appropriate.