MAXIMUS Federal Services

Case Number:	CM14-0160178		
Date Assigned:	11/06/2014	Date of Injury:	12/27/2000
Decision Date:	12/09/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 Anesthesiology, has a subspecialty in Pain Managementand 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:

According to the records made available for review, this is a 49-year-old male with a 12/27/00 date of injury, and status post cervical fusion1999 and status post lumbar spine surgeries 1997 and 1998. At the time (9/16/14) of the Decision for authorization for Carisoprodol 250mg #60, there is documentation of subjective (low back pain) and objective (tenderness and spasm along the paravertebral musculature, decreased range of motion of the lumbar spine and decreased right Achilles reflex) findings, current diagnoses (status post cervical fusion1999 and status post lumbar spine surgeries 1997 and 1998), and treatment to date (activity modification, physical therapy, injections and medications (including ongoing use of Carisoprodol)). There is no documentation of an acute exacerbation of chronic low back pain, that Carisoprodol is being used as a second line option, functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of carisoprodol use to date, and an intention for short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 250mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of status post cervical fusion1999 and status post lumbar spine surgeries 1997 and 1998. However, there is no documentation of an acute exacerbation of chronic low back pain and that carisoprodol is being used as a second line option. In addition, given medical records reflecting ongoing use of Carisoprodol, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of carisoprodol use to date. Furthermore, there is no documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Carisoprodol 250mg #60 is not medically necessary.