

<b>Case Number:</b>	CM14-0021663		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	09/29/1999
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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 injured worker is a 64-year-old who reported an injury on September 29, 1999. The mechanism of injury was not provided. The diagnoses included knee and low back pain, as well as lumbar degenerative disc disease. Per the July 24, 2013 progress report, the injured worker reported unchanged low back and left knee pain. Examination of the lumbar spine included restricted range of motion and tenderness to palpation. Tenderness to palpation was noted over the medial joint line of both knees. The injured worker had a positive McMurray's test on the right. Current medications included Oxycodone 15mg, Kadian ER 80mg, and Carisoprodol 350mg. Per the November 27, 2013 progress report, the injured worker reported unchanged low back and left knee pain. She reported her medications were working well. Physical exam findings were unchanged. The injured worker's medication regimen included Carisoprodol 350mg, Oxycodone 15mg, Norco 10/325mg, and Kadian ER 80mg. The request for authorization form for Carisoprodol 350mg was not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISOPRODOL 350MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

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

**Decision rationale:** The request for Carisoprodol 350mg #120 is non-certified. The Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, muscle relaxants show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. The guidelines do not recommend the use of Carisoprodol for longer than a two to three week period. The medical records provided indicate an ongoing prescription for Carisoprodol since at least July 24, 2013. The continued use of Carisoprodol is not supported by guidelines. The request for Carisoprodol 350 mg, 120 count, is not medically necessary or appropriate.