

<b>Case Number:</b>	CM14-0028155		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 & Rehab has a subspecialty in Interventional Spine 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 39-year-old male with an injury date of 12/19/12. Based on the 01/16/14 progress report provided by [REDACTED] the patient complains of back pain, which radiates down the left buttock down to the left toe, primarily the toes. He notes numbness and tingling in the legs and has severe pain with range of motions. The patient has the greatest loss of sensation in the fourth and fifth toes on the left. His diagnoses include the following: 1. Progressive exacerbation of lumbar radiculopathy, left; 2. Progressive exacerbation of low back pain; 3. Herniated nucleus pulposus, L5-S1, central; 4. Grade 1 spondylolisthesis, L5-S1; 5. History of lumbar laminectomy (1997). [REDACTED] is requesting for Carisoprodol 350 mg TA #90 with no refills Qty: 90. The utilization review determination being challenged is dated 02/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/14- 04/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISOPRODOL 350MG TA #90 WITH NO REFILLS QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines carisprodol (soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** According to the 01/16/14 report by [REDACTED], the patient presents with back pain, which radiates down the left buttock down to the left toe, primarily the toe. The request is for Carisoprodol 350 mg TA #90 with no refills. MTUS does not support the use of Carisoprodol for long-term. Review of the reports show that this patient has been on Carisoprodol at least from 11/07/13. Recommendation is for not medically necessary.