

<b>Case Number:</b>	CM14-0030817		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Illinois. 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 41 year old female who reported an injury on 10/17/2011 due to unknown mechanism. She complained of pain along her shoulders as on-going and her neck as intermittent with shooting pain down to the index finger on the right side, and stiffness. The injured worker complained that the pain wakes her up from sleep. On the physical exam dated on 05/29/2014, examination of her back and lower extremities, her posture shows no evidence of scoliosis or pelvic obliquity. She has normal lordosis and extremity alignment. There was tenderness along the lumbosacral and the S1 joint. The injured workers medications included Norco, mirtazapine, and tramadol. The injured worker's diagnoses are discogenic lumbar condition with radiculitis, discogenic cervical radiculitis, impingement syndrome on the right, and bicipital tendonitis status post decompression and biceps tendesis with improvement. The injured workers treatments/diagnostics are MRI revealed disc disease from L-3-S1 with facet changes at L3-S1. The authorization form was not submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Carisoprodol 350 mg #90-30 day supply:** 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 Page(s): 29.

**Decision rationale:** The request for a pharmacy purchase of Carisoprodol 350mg number 90-30 day supply is not medically necessary. The injured worker California Medical Treatment Utilization Schedule chronic pain guidelines states that this medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule=IV controlled substance) and is not recommended per guideline indications. In addition, the request does not include the frequency of the medication. As such the request is not medically necessary and appropriate.