

Case Number:	CM14-0036034		
Date Assigned:	06/23/2014	Date of Injury:	07/30/1997
Decision Date:	07/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 60 year old male with an injury date of 07/30/97. Based on the 09/09/13 progress report provided by [REDACTED], the patient describes his back pain as constant, sharp, aching, burning, and throbbing. The patient claims his mood is frustrated. He had a left L2-L3 and L3-L4 radiofrequency ablation in March 2013. Regarding the L2-L#, L3-L4, and L4-L5 levels, the right and left lateral rotation of the lumbar spine are positive and the right extension of the lumbar spine is positive. The patient's diagnoses include the following: 1. Lumbar disc disorder, 2. Lumbosacral spondylosis without myelopathy. The physician is requesting for Carisoprodol 350 mg TA #84 with no refills. The utilization review determination being challenged is dated 03/04/14. The requesting provider, provided three treatment reports from 07/17/13, 08/14/13, 09/09/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg TA #84 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 29.

Decision rationale: According to the 09/09/13 report the patient presents with back pain as constant, sharp, aching, burning, and throbbing. The request is for Carisoprodol 350 mg TA #84 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 07/17/13. Recommendation is for denial.