

Case Number:	CM14-0037739		
Date Assigned:	06/25/2014	Date of Injury:	04/21/1999
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 Nevada. 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 female injured on April 21, 1999. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 5, 2014, indicated that there were ongoing complaints of pain in the lower back and left leg. Pain level without medications was 10/10 on the visual analog scale and with medications was 7/10 on the visual analog scale. The physical examination demonstrated evidence of an L1-L5 radiculopathy of the left leg. The treatment plan included prescriptions of Neurontin and Norco. A previous note, dated November 4, 2013, also prescribed Soma. A request had been made for Carisoprodol and was not certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg TA with no refills Quantity: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 63 of 127 Page(s): 63 of 127.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Carisoprodol are recommended as a second line option for short-term

treatment of acute exacerbations in patients with chronic low back pain. A review of the progress notes in the attached medical record did not indicate that the injured employee was having acute exacerbations nor were any muscle spasms evident on the two most recent physical examinations. For these reasons, the request for Carisoprodol is not medically necessary and appropriate.