

Case Number:	CM14-0048826		
Date Assigned:	06/25/2014	Date of Injury:	06/16/2011
Decision Date:	07/23/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 46-year-old female with a 6/16/11 date of injury, and status post C4-7 anterior cervical discectomy and fusion 10/1/13. At the time (3/20/14) of request for authorization for Carisoprodol 350 mg #60, there is documentation of subjective (persistent neck pain and weakness, numbness in the hands) and objective (mild pain with neck rotation, mild posterior paraspinal spasm, and slight decreased sensation to thumb, index, and middle fingers bilaterally) findings, current diagnoses (status post C4 to C7 anterior fusion), and treatment to date (activity modification, and medications (including Norco, gabapentin, and Soma (since at least 10/13)). 3/14/14 medical report reports improvement in pain from 9/10 to 7/10 with use of medications. There is no documentation of an acute exacerbation of chronic low back pain and that carisoprodol is being used as a second line option and for short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64. Decision based on Non-MTUS Citation OFFICIAL

DISABILITY GUIDELINES (ODG) PAIN, MUSCLE RELAXANTS (FOR PAIN).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnosis of status post C4 to C7 anterior fusion. In addition, there is documentation of pain improvement as a result of carisoprodol use to date. However, there is no documentation of an acute exacerbation of chronic low back pain and that carisoprodol is being used as a second line option and for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Carisoprodol 350 mg #60 is not medically necessary.