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| Case Number: | CM14-0060733 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 11/29/1993 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 04/22/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

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 Occupational Medicine 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:

Patient is a 51 year-old male with date of injury 11/29/1993. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/06/2014, lists subjective complaints as pain in the low back. Status post caudal steroid injection 02/10/2014, with 20% stated improvement. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles. Range of motion were all within normal limits. Patient walks with a limp. Diagnosis: 1. Lumbago, lumbar 2. Postlaminectomy syndrome, lumbar 3. Radiculitis, lumbar 4. Spondylosis without myelopathy. There was insufficient documentation in the medical records supplied for review to determine the how long the patient has been taking the following medication. Medication: 1. Carisoprodol 350mg, #90 SIG: qid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg 30 day supply quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain.

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

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence.