

Case Number:	CM14-0076311		
Date Assigned:	07/16/2014	Date of Injury:	05/21/2009
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 injured worker is a 45-year-old female who sustained an injury on May 21, 2009. She is diagnosed with (a) lumbar spondylosis without myelopathy, (b) lumbar degenerative disc disease, and (c) lumbar facet syndrome. She was seen on April 10, 2014 for a follow-up evaluation. She complained of constant low back pain with intermittent spasms and stiffness. The pain was rated at 9/10. Examination of the lumbar spine revealed paraspinal spasms and facet tenderness. Her range of motion was decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tab 350mg, #60: 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 Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29, 63-64.

Decision rationale: The request for carisoprodol 350mg, #60 is not medically necessary at this time. The use of this medication is not in accordance with the California Medical Treatment Utilization Schedule. More so, formulation of the requested medication is not recommended for longer that a two to three week period. Review of medical records indicated that carisoprodol

was to be taken twice a day. As such, the requested quantity would be sufficient for one-month use, which is not approved by the guidelines. Hence, the requested carisoprodol 350mg, #60 is not medically appropriate at this time.