

Case Number:	CM14-0081458		
Date Assigned:	07/23/2014	Date of Injury:	08/01/2003
Decision Date:	08/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 female with date of injury 8/1/2003. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic neck and back pain since the date of injury. She has been treated with physical therapy and medications. She has had an L4-S1 fusion (further details not given). There are no radiographic data included for review. Objective: decreased and painful range of motion of the cervical spine, cervical paraspinal musculature tenderness to palpation, lumbar spine paraspinal muscle tenderness with palpation. Diagnoses are cervical spine disc disease and lumbar spine disc disease with radiculopathy. The treatment plan and request is for Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #270 90-day supply 0 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This 60 year old female has complained of chronic neck and back pain since date of injury 8/1/2003. She has been treated with physical therapy and medications to include

Carisoprodol since at least 11/2013. Per the California MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). The recommended duration of use has been exceeded in this patient. On the basis of the MTUS guidelines Carisoprodol is not indicated as medically necessary.