

<b>Case Number:</b>	CM14-0185336		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 33 year old female, who sustained an industrial injury on 8/4/11. She has reported pain and numbness in the lower back. The diagnoses have included chronic low back pain, right lower extremity radiculopathy and degeneration of intervertebral disc. Treatment to date has included electrodiagnostic studies, spinal injections and oral medications. As of the PR2 dated 9/4/14, the injured worker reported pain in the low back and lower extremities. The physician noted that the injured worker had difficulty sitting or standing for any length of time and she was constantly changing positions. The treating physician requested Carisoprodol 350mg #60. On 10/8/14 Utilization Review non-certified a request Carisoprodol 350mg #60. The UR physician cited the MTUS guidelines, specifically, that the medication is not recommended for use longer than 2 to 3 weeks. On 11/6/14, the injured worker submitted an application for IMR for review of Carisoprodol 350mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #60, one tab po three times a day after meals for 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

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

**Decision rationale:** The request for carisoprodol is not medically necessary. This centrally-acting muscle relaxant is not indicated for long-term use. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. Weaning is required due to potential withdrawal syndrome. The risks of carisoprodol appear to outweigh the benefits. Therefore, it is considered not medically necessary.