

<b>Case Number:</b>	CM15-0009234		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/02/2001
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 66 year old male with a date of injury as 07/02/2001. The cause of the injury was not included in the documentation received. The current diagnoses include medial epicondylitis, elbow pain, and arm pain. Previous treatments include medications, injections, physical therapy, and home exercises. Primary treating physician's reports dated 04/29/2014 and 06/04/2014 were included in the documentation submitted for review. Report dated 06/04/2014 noted that the injured worker presented with complaints that included elbow pain. Physical examination revealed tenderness in the medial epicondyle of the left elbow and positive pain with wrist flexion. Medication regimen included Soma and Piroxicam. There was no Request for Authorization Form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol tab 350mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. In this case, there was no documentation of palpable muscle spasm or spasticity upon examination. There was also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.