

<b>Case Number:</b>	CM15-0141823		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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

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 63 year old male who sustained an industrial injury on 7-23-07. Diagnoses are lumbosacral neuritis-radiculitis, rule out lumbar spine disc displacement, and cubital tunnel syndrome-left ulnar nerve entrapment. In a progress report dated 5-12-15, the treating physician notes the injured worker started losing weight. There is weakness noted with bilateral grip strength. Phalens test is positive on the right. There is limited range of motion with pain and Kemp test is positive. There is tenderness of the lumbar spine with pain rated at a 6 out of 10 and his gait is slow and guarded. In a progress report dated 6-16-15, the treating physician notes subjective complaints of back, wrists, psych and sleep. Wrist pain is rated at 7 out of 10 and back pain at 8 out of 10 with occasional right leg pain. Objective exam notes a mild limp favoring the right. Weakness of grip noted. He is permanent and stationary. The requested treatment is Carisoprodol 350mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for carisoprodol, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol is not medically necessary.