

Case Number:	CM15-0050668		
Date Assigned:	03/24/2015	Date of Injury:	02/17/2006
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 58 year old female, who sustained an industrial injury on February 17, 2006. The mechanism of injury is unknown. The injured worker was diagnosed as having degenerative thoracic/thoracolumbar disc, lumbago, unspecified myalgia and myositis, degenerative lumbar/lumbosacral intervertebral disc, thoracic/lumbosacral neuritis/radiculitis unspecified. Treatment to date has included diagnostic studies, physical therapy and medications. On March 16, 2015, the injured worker complained of mid/low back with right leg pain along with tingling of the right side and bilateral hip and neck pain. She rated her pain as a 7 on a 1-10 pain scale. The treatment plan included medications, drug screen, home exercise/physical therapy, diagnostic studies and follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

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

Decision rationale: Guidelines do not recommend Carisoprodol for longer than 2-3 weeks. In this case, the patient suffers from cervical myelopathy, degenerative disc disease, and thoracic radiculitis. The patient has been on carisoprodol for several months and thus, the patient should be weaned off the carisoprodol. The request for carisoprodol 350 mg #60 is not medically appropriate and necessary.