

Case Number:	CM14-0107832		
Date Assigned:	08/01/2014	Date of Injury:	11/29/2000
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 53-year-old female with a date of injury of 11/29/2000. The listed diagnosis per [REDACTED] is neck sprain. The patient is status post cervical spine fusion on 03/04/2014. According to progress report 04/30/2014, the patient complains of chronic neck pain and right arm pain. She is now complaining of left arm pain as well. Examination revealed tenderness around the C7 area up to the C3 area bilaterally. The treater is requesting refill of medication, carisoprodol 350 mg #100 with 2 refills. Utilization Review denied the request on 06/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #100 with 2 refills: Upheld

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

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

Decision rationale: This patient is status post cervical fusion with instrumentation with pedicle screws C3 to T2 bilaterally on 03/04/2014. The patient most recently presented with continued pain and tenderness in the cervical area. The treater is requesting a refill of carisoprodol 350 mg #100 with 2 refills. For muscle relaxants, the MTUS Guidelines page 63 states "recommended

non-sedating muscle relaxants with caution as a second option for short term treatment of acute exacerbation of patients with chronic low back pain. In this case, review of the medical file indicates the patient has been taking this medication since at least 10/02/2013. The treater is prescribing carisoprodol for long term use and muscle relaxants are not recommended for long term use. Recommendation is for denial.