

Case Number:	CM14-0113751		
Date Assigned:	09/22/2014	Date of Injury:	11/02/2012
Decision Date:	12/12/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 61 year old male with an injury date on 11/02/12. Based on the 02/04/14 progress report provided by [REDACTED], the patient complains of low back pain area, food drop and numbness radiating down the left leg. He has been authorized for left knee replacement. There were no other significant findings noted on the exam report. His diagnoses include the following: 1. Spinal stenosis 2. Spinous deformity 3. Status post lumbar fusion 4. Osteoarthritis of the left knee. The utilization review denied the request on 06/26/14. [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/14 to 07/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 MG # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 02/04/14 report by [REDACTED] this patient presents with low back pain and traveling down the left extremity. The treater is requesting Carisoprodol 350

mg#30. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Carisoprodol #30 and the patient has been on this medication since 02/04/2014. Muscle relaxant is not recommended for long term use. The treater does not mention that this is for a short-term use. The request is not medically necessary.