

<b>Case Number:</b>	CM14-0125382		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	12/02/2008
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Nevada. 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 injured worker is a 40-year-old gentleman who was reportedly injured on December 2, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 20, 2014, indicates that there are ongoing complaints of low back pain and left leg pain. Current medications include Norco, Soma, and Motrin. The physical examination demonstrated tenderness over the lumbar paraspinal muscles with spasms. There was decreased lumbar spine range of motion and a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for carisoprodol and was not certified in the pre-authorization process on July 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg tablet, #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Muscle relaxants (for pain) Page 63-66 of 127.

**Decision rationale:** Carisoprodol is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, "muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain." According to the most recent progress note, spasms were present on the physical examination. Considering this, the request for carisoprodol is medically necessary.

