

<b>Case Number:</b>	CM14-0211705		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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

### 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 57 year old female with an injury date of 04/01/13. Based on the 09/11/14 progress report, the patient complains of neck pain, upper back pain, lower back pain, and left lower extremity pain. She is unable to reach overhead, has a limited range of motion, and has tense musculature. The 11/25/14 report indicates that the patient continues to have sleep disturbance and pain in her neck, back, right elbow, and right knee. She is unable to walk for longer than 15 minutes at a time, can tolerate sitting for approximately 30 minutes, and has spasms. The patient's diagnoses include the following: 1. Cervical spine strain. 2. Chronic cervicalgia. 3. Upper extremity radicular pain. 4. Chronic right knee pain. 5. Chronic right elbow pain. 6. Myofascial pain. The utilization review determination being challenged is dated 12/04/14. There are two treatment reports provided from 09/11/14 and 11/25/14. Treatment reports are hand-written and illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol. Decision based on Non-MTUS Citation ODG-TWC

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

**Decision rationale:** The patient presents with sleep disturbance and pain in her neck, back, right elbow, and right knee. The request is for Carisoprodol 350 mg #30. The utilization review determination rationale is that although this treatment is determined to be medically necessary at this time, the relatedness of this condition to the industrial injury has not been determined. She is unable to reach overhead, has a limited range of motion, has spasms, and has tense musculature. MTUS Chronic Pain Medications Guideline muscle relaxants, page 63-66, Carisoprodol (Soma); neither of these formulations is recommended for longer than a 2 to 3 week period. This has been noted for sedative and relaxant effects. It appears that this is initial request for this medication. MTUS recommends the requested Carisoprodol for no more than 2-3 weeks. In this case, the treating physician has requested for 30 tablets of Carisoprodol on 11/25/14, which is within MTUS Guidelines. The requested Carisoprodol is medically necessary.