

<b>Case Number:</b>	CM15-0065290		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 male who sustained an industrial injury on 1/17/07. The injured worker reported symptoms in the back, bilateral shoulders, bilateral upper and lower extremities. The injured worker was diagnosed as having lumbar radiculopathy and internal derangement of knee not otherwise specified. Treatments to date have included oral pain medication, activity modification, chiropractic treatments, physical therapy, acupuncture treatment, non-steroidal anti-inflammatory drugs, and psychiatry therapy. Currently, the injured worker complains of discomfort in the back, bilateral shoulders, bilateral upper and lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity drugs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

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

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, there is no documentation of functional improvement with previous use of muscle relaxant. Therefore, the request for Carisoprodol tablet 350mg #60 is not medically necessary.