

<b>Case Number:</b>	CM15-0068026		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/13/1997
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 37 year old male, who sustained an industrial injury on 8/13/1997. Diagnoses include lumbar disc displacement without myelopathy. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications, hot baths, home exercise and a TENS unit. Per the Primary Treating Physician's Progress Report dated 3/06/2015, the injured worker reported low back pain that will last up to one week with moderate lumbar spasms. Medication reduces the pain 60% and improves function. Physical examination revealed right lumbar spasms with tightness with right sided straight leg raising. Achilles reflexes are decreased compared to patella tendon reflex. Flexion at the wrist is to 80. The plan of care included medications and authorization was requested for Carisoprodol 350mg and Hydrocodone 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Carisoprodol 350 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

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

**Decision rationale:** The patient is a 37 year old male with an injury on 08/13/1997. He continues to have low back pain. MTUS, Chronic Pain guidelines note that long term treatments with muscle relaxants are not recommended and Carisoprodol is not recommended because it is metabolized to Meprobamate which is a controlled substance with a high risk for addiction. The requested treatment is not medically necessary.