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Notice of Independent Review Decision

January 13, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
90 Carisoprodol 350 mg between 09/23/2013 and 11/22/2013

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Utilization review (09/26/13)
- Office visits (11/16/13 - 12/23/13)
- Lab investigations (01/18/13, 07/19/13)
- Utilization review (09/26/13)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male with a date of injury xx/xx/xx. However, per the November 16, 2012 office visit, in xxxx, the patient had fallen down at the job while he was trying to sit in the chair and had missed.

On November 16, 2012, APN, evaluated the patient for low back pain, neck pain and left knee pain. The patient described his pain as aching and stabbing. The

frequency of pain was daily and it aggravated with standing/sitting. The patient was ambulating using a walking cane. Examination of the lumbar spine showed tenderness in the spinal and paraspinal muscles. There was tenderness also noted in the knee. diagnosed lumbar radiculopathy, herniated/bulging disc at L5-S1, sciatica bilaterally, degenerative joint disease (DJD) of the bilateral knees, myospasm and chronic pain syndrome. He prescribed Lorcet, Soma, Colace, and a multivitamin, and reviewed home exercise and lifestyle changes to assist the patient in promoting self-management of symptoms including back/knee arthritis.

From December 18, 2012, through July 19, 2013, treated the patient with massage therapy, hot/cold pack and medications to include Lorcet and Soma.

2013: On August 20, 2013, evaluated the patient for ongoing chronic low back pain, neck pain and left knee pain. Examination of the lumbar spine showed decreased range of motion (ROM) and tenderness. There were papular lesions noted to the face. Mr. prescribed Lorcet, Soma and amoxicillin. He also treated the patient with hot/cold pack.

On September 19, 2013, evaluated the patient for ongoing chronic low back, neck pain and left knee pain. Examination of the lumbar spine showed decreased ROM and tenderness. The patient was ambulating with a walking cane. treated the patient with hot/cold pack and prescribed Lorcet and Soma.

Per utilization review dated September 26, 2013, the request for 90 carisoprodol 350 mg between September 23, 2013, and November 22, 2013, was denied based on the following rationale: "*The patient is a male with a date of injury of xx/xx/xx. The provider is requesting prospective certification of 90 carisoprodol 350 mg. A phone call to the requesting provider was attempted on September 25, 2013, at 11:38 AM and September 26, 2013, at 4:12 PM to discuss the requested care. The provider was unavailable; therefore a message was left and on general voicemail which included the reviewer's contact information and schedule. No return call was received prior to the completion of this review. The only available documentation at this time is pharmacy billing dated September 20, 2013. This documentation indicates that the patient was being treated for a right leg injury. Evidence-based treatment guidelines indicate that carisoprodol is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (PT). This medication is not indicated for long-term use. After review of the available documentation and evidence-based treatment guidelines it appears that the requested medication is not appropriate. Guidelines do not recommend carisoprodol. Additionally, at this time, there is no clinical documentation revealing subjective or objective findings or other treatment provided to the patient. There is also no documentation revealing the provider's clinical rationale for the requested medications. Based upon the above discussion, the request for 90 carisoprodol 350 mg is recommended non-certified.*"

From October 18, 2013, through December 18, 2013, Mr. treated the patient with hot/cold pack and medications to include Lorcet and Soma.

On December 18, 2013, examination of the lumbar spine showed decreased ROM and tenderness. The patient ambulated with walking cane. Lorcet and Soma were prescribed.

Per a prescription note dated December 23, 2013, the patient was prescribed Norco, Soma and amoxicillin.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Soma Compound (carisoprodol and aspirin) is indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults. Soma Compound (carisoprodol and aspirin) should only be used for short periods (up to two or three weeks). Per ODG: Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with **acute** pain in musculoskeletal conditions as an adjunct to rest and physical therapy. This medication is not indicated for long-term use. Overwhelming evidence supports upholding the decision as Medical documentation **does not support** the medical necessity of the health care services in dispute.
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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**