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| <b>Case Number:</b>   | CM13-0042443 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 12/08/2004 |
| <b>Decision Date:</b> | 06/16/2014   | <b>UR Denial Date:</b>       | 09/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/17/2013 |

### 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 General Surgery and is licensed to practice in Texas. 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:

This is a claimant who has chronic low back pain following an alleged work injury of 12/08/2004. The biomechanics of the original injury is not discussed in the material available for review. The claimant complains of low back pain that radiates down the posterior right leg. The office note of 10/3/2013 reveals no neurologic deficits in sensation, motor or bladder or bowel control associated with the pain syndrome. The past surgical history mentions a lumbar fusion but the date of surgery and its relationship to the alleged work injury is not discussed. The claimant appears to have been managed on Soma/carisoprodol 350mg, #30 tablets, one tablet every night for long time (length indeterminate). There was a Utilization review that provided partial certification of Carisoprodol 350mg, #20 tablets 1 tablet every night with no refills on 9/16/13 for which this IMR was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISOPRODOL TAB 350 MG QTY 30, 1 PO Q HS 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Carisoprodol.

**Decision rationale:** Soma/carisoprodol is a muscle relaxant intended and intended for short term relief of symptoms. It was intended for a term of two weeks and not for chronic or long term use. Both CA MTUS and Official Disability Guidelines (ODG) document that the medication is metabolized to meprobamate , an anxiolytic , and a Schedule IV controlled substance. The use for 30 days at night is not in keeping with CA MTUS and ODG or the prescribing literature. This request is not certified.