

<b>Case Number:</b>	CM13-0043244		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/20/2001
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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:

According to the California MTUS Guidelines, Carisoprodol is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs. While the documentation indicates that the medications are working well and helping to manage the patient's pain, the documentation indicates the requested medication has been used for an extended period of time. As the Guidelines state Carisoprodol is not indicated for longer than a 2 to 3 week period and the patient has been noted to be taking the medication for an extended period of time, the request is not supported. Given the above, the request for SOMA 350MG, #120 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol/Soma Section Page(s): 65.

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

**Decision rationale:** According to the California MTUS Guidelines, Carisoprodol is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs. While the documentation indicates that the medications are working well and helping to manage the patient's pain, the documentation indicates the requested medication has been used for an extended period of time. As the Guidelines state Carisoprodol is not indicated for longer than a 2 to 3 week period and the patient has been noted to be taking the medication for an extended period of time, the request is not supported. Given the above, the request for SOMA 350MG, #120 is non-certified.