

<b>Case Number:</b>	CM13-0057275		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York . 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 physician 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:

The patient is a 70 year old female who was injured on October 2, 2008. The patient continues to experience pain in her neck and let upper extremity. Physical examination showed muscle spasm and tenderness sin the left trapezius. MRI of the cervical spine, which was done on February 17, 2011, showed C5-6 degenerative disc disease with 4 mm disc protrusion. Diagnoses included radicular syndrome low limbs and cervical spondylosis. Treatment included medications, physical therapy, TENS unit and steroid injections. Requests for authorization for carisoprodol 350 mg #90 was submitted on October 3, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol (SOMA) 350mg #90 tab:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Carisoprodol is not recommended for long term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and

relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The only recommended prescribed medications for shoulder injury are NSAIDs. The patient was treated with muscle relaxants since at least December 2013. The patient was treated initially with robaxin and then was treated with Zanaflex. She was treated with carisoprodol since at least July 2013. The muscle relaxants were being prescribed as long-term medications. This is not recommended. Carisoprodol had been prescribed for 3 months and the new prescription was for at least one additional month. This meets the definition of long-term use. The medication is not certified.