

<b>Case Number:</b>	CM13-0062700		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/11/2004
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 & Rehabilitation and is licensed to practice in California. 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 44 year-old patient sustained an injury on 2/11/04 while employed by the [REDACTED]. Requests under consideration include Pharmacy Purchase of Carisoprodol 350 Mg #90 And Pharmacy Purchase of Tizanidine 4 MG #60. Diagnoses include brachial neuritis; post-surgical states; lumbar/lumbosacral disc degeneration; rotator cuff disease; cervical disc degeneration. Report of 11/13/13 from the provider noted patient had medial branch block done on 9/27/13 which were non-diagnostic. She continues taking Norco, Tricor and Zanaflex for ongoing symptoms. She was recently diagnosed with rheumatoid arthritis. There is neck pain radiating to bilateral trapezius and right hand with numbness in the fingers, pain rated at 8/10 on VAS; low back radiating to bilateral buttocks, hip, knees and ankles rated at 8/10 on VAS. Exam noted normal gait without weakness on toes or heels; no swelling or atrophy; tenderness of lumbosacral junction and over right greater trochanter; sensation intact in bilateral lower extremities with 5/5 motor strength and DTRs 2+ throughout. Diagnoses include right cervical radiculopathy s/p C5-6 fusion; right shoulder impingement; C6-7 disc degeneration with mild foraminal stenosis; disc space narrowing at L5-S1; right trochanteric bursitis; and s/p cervical discectomy and fusion C6-7 on 6/26/13. Treatment included pain management consult and diagnostic discogram. Medication requests above were non-certified on 11/20/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMACY PURCHASE OF CARISOPRODOL 350MG #90:** Upheld

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

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

**Decision rationale:** This 44 year-old patient sustained an injury on 2/11/04 while employed by the [REDACTED]. Requests under consideration Include Pharmacy Purchase of Carisoprodol 350 Mg #90 And Pharmacy Purchase of Tizanidine 4 MG #60. Diagnoses include right cervical radiculopathy s/p C5-6 fusion; right shoulder impingement; C6-7 disc degeneration with mild foraminal stenosis; disc space narrowing at L5-S1; right trochanteric bursitis; and s/p cervical discectomy and fusion C6-7 on 6/26/13. Report of 11/13/13 from the provider noted patient had medial branch block done on 9/27/13 which were non-diagnostic. She continues taking Norco, Tricor, and Zanaflex for ongoing symptoms. She was recently diagnosed with rheumatoid arthritis. There are neck and lower back radiating pain rated at 8/10 on VAS. Exam noted normal gait without weakness on toes or heels; no swelling or atrophy; tenderness with intact neurological exam of motor strength, DTRs, and sensation without noted muscle spasm. Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2004. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings revealing TTP, spasm, and decreased range of motions, without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury. The Pharmacy Purchase of Carisoprodol 350 MG #90 is not medically necessary and appropriate.

**PHARMACY PURCHASE OF TIZANIDINE 4MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 128.

**Decision rationale:** This 44 year-old patient sustained an injury on 2/11/04 while employed by the [REDACTED]. Requests under consideration Include Pharmacy Purchase of Carisoprodol 350 mg #90 And Pharmacy Purchase of Tizanidine 4 mg #60. Diagnoses include right cervical radiculopathy s/p C5-6 fusion; right shoulder impingement; C6-7 disc degeneration with mild foraminal stenosis; disc space narrowing at L5-S1; right trochanteric bursitis; and s/p cervical discectomy and fusion C6-7 on 6/26/13. Report of 11/13/13 from the provider noted patient had medial branch block done on 9/27/13 which were non-diagnostic. She continues taking Norco, Tricor, and Zanaflex for ongoing symptoms. She was recently diagnosed with rheumatoid arthritis. There are neck and lower back radiating pain rated at 8/10 on VAS. Exam noted normal gait without weakness on toes or heels; no swelling or atrophy; tenderness with

intact neurological exam of motor strength, DTRs, and sensation without noted muscle spasm. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2004. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment along with another clarification of indication with two muscle relaxant prescription concurrently to support further use. The Pharmacy Purchase of Tizanidine 4 mg #60 is not medically necessary and appropriate.