

<b>Case Number:</b>	CM14-0002850		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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 is a 51-year-old female with an 8/9/11 date of injury, when she fell and twisted her lower back and her left hip. The patient underwent lumbar surgery on 9/9/13. The patient was seen on 11/26/13 with complaints of back and buttock pain. She stated, the medications help her with the pain and she is able to perform daily activities. Exam findings revealed paraspinal spasm in the lower lumbar area and moderately antalgic gait. It was noted, that the patient takes Norco, Soma, Topamax, Oxycodone and other medications. The patient was seen on 12/24/13 with complaints of low back and lower extremity pain; she recently experienced an exacerbation in her pain. She continues with the prescribed medications and states that it provides her relief with the pain. The pain is 7/10. The diagnosis is lumbosacral neuritis, lumbar disc displacement, and lumbago. Treatment to date: 9/9/13 lumbar surgery; left SI injections; aquatic therapy and medications. An adverse determination was received on 12/19/2013 given no explicit documented functional improvement from previous use of this medication in this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE CARISOPRODOL , #60 (DOS 11/26/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Carisoprodol Page(s): 29, 65. Decision based on Non-MTUS Citation FDA (Carisoprodol).

**Decision rationale:** CA MTUS states that Carisoprodol/Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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 is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. The patient has been taking Soma at least from 10/25/2013. However, there is a lack of documentation indicating improvement in the patient's pain. It is not clear why the patient needs the muscle relaxant in the absence of muscle spasms. Therefore, the request for Carisoprodol 350mg, #60 was not medically necessary.