

<b>Case Number:</b>	CM14-0009364		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Occupational Medicine 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 50-year-old male patient with a 6/9/11 date of injury. The exact mechanism of injury was not described. A 1/23/14 progress report indicated that the patient complained of sharp, dull, and aching pain in his lower back, with numbness and tingling radiating to the lower extremity, associated with weakness. He has a history of diabetes mellitus. Physical exam demonstrated decreased lumbar spine range of motion. There was muscle tenderness in the paravertebral muscles, decreased sensation over L5-S1 dermatome on the left side. MRI on 4/7/12 demonstrated multilevel degenerative disc disease and joint facet arthropathy, bilateral neural foraminal narrowing present at L4-5 level. He was diagnosed with lumbar disc displacement and lumbosacral neuritis. Treatment to date: medication management. There is documentation of a previous 1/15/14 adverse determination, because Carisoprodol is not recommended for long term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISOPRODOL 350MG TABLETS, 1-2 AS NEEDED, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CARISOPRODOL (SOMA (R))

Page(s): 29.

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

**Decision rationale:** The CA MTUS states that 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. This patient was documented to be on Soma long-term. There is no clear description of an acute exacerbation of the patient's chronic pain that would benefit from a short-term course of muscle relaxants. In addition, the patient is also on Hydrocodone, which in combination with Soma increases the risk of sedation. Therefore, the request for Carisoprodol 350mg tablets, 1-2 as needed, #30 was not medically necessary.