

<b>Case Number:</b>	CM14-0014003		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Physical Medicine and 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:

The injured worker is a 44-year-old female with a reported injury date on 8/26/09; the mechanism of injury was not provided for review. The progress note dated 1/13/14 noted that the injured worker has low back pain with right leg sciatica. It was noted that the injured worker's symptoms have substantially improved with the use of aqua therapy and that she has gained greater than 75% in terms of pain relief and increase in function. Objective findings included tenderness in the lower and right lower lumbar spine, tenderness in the right sciatic notch, and range of motion measured at flexion to the distal tibia, 10 degrees of extension, and 20 degrees of right and left lateral flexion. Additional exam findings included decreased sensation to pinprick and light touch in the L5 distribution of the right lower extremity. The motor strength was 5/5 in all muscle groups, straight leg raises were negative bilaterally, and Lasegue's was negative bilaterally. The injured worker's diagnoses include lumbago, right leg sciatica, and L4-5 spondylolisthesis. The clinical note dated 10/10/13 noted that the injured worker was currently taking Robaxin six times per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISPRODOL 350 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 64-66.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants may be recommended with caution as a second line option for the short-term treatment of acute symptom exacerbation in patients with chronic low back pain. The guidelines also state that Carisoprodol is not recommended for longer than a 2-3 week period and that the normal dosing for Carisoprodol is 250 mg to 350 mg four times a day. The medical necessity for this requested medication has not been established. It was noted that the injured worker was currently taking this medication six times a day which exceeds the recommended dosage of this medication. Additionally, it remains unclear how long this injured worker has currently been prescribed this medication as it is only recommended for a 2-3 week period. Furthermore, there is lack of quantifiable evidence that the injured worker has been receiving therapeutic benefits from this requested medication. As such, the request is not medically necessary.