

<b>Case Number:</b>	CM14-0115921		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 34-year-old male who reported an injury while loading a patient into an ambulance on 11/16/2011. On 07/09/2014, his diagnoses included lumbar spondylosis without myelopathy, left lumbar radiculopathy with neural claudication, post lumbar laminectomy/discectomy L5-S1, and failed conservative therapies for pain control, including physical therapy modalities, chiropractic treatments, NSAIDs, and muscle relaxants, for more than 12 weeks. On 06/06/2014, his medications included Oxycodone 15 mg, Celebrex 200 mg, and Baclofen 20 mg. He was participating in a home exercise program. The treatment plan included the discontinuation of the Baclofen and a change to Soma 350 mg. There was no rationale or Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol tab 350mg day supply: 30 QTY: 60 Refill:0:** Upheld

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

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

**Decision rationale:** The request for Carisoprodol tab 350 mg day supply: 30, quantity: 60, refills: 0 is not medically necessary. The California MTUS Guidelines do not recommend Carisoprodol. It is a commonly prescribed, centrally-acting skeletal muscle relaxant whose primary active metabolite is meprobamate, a schedule IV controlled substance. Carisoprodol abuse has been noted in order to augment or alter the effects of other drugs. This includes in combination with Hydrocodone, an effect that some abusers claim is similar to heroin. The need for Carisoprodol was not clearly demonstrated in the submitted documentation. Therefore, this request for Carisoprodol tab 350 mg day supply: 30, quantity: 60, refills: 0 is not medically necessary.