

<b>Case Number:</b>	CM14-0120011		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/30/1996
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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, has a subspecialty in Internal 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:

According to the records made available for review, this is a 46-year-old female with a 6/30/96 date of injury. At the time (7/23/14) of the Decision for Carisoprodol Tabs 350mg, there is documentation of subjective (spastic pain over bilateral leg, buttocks, hips, knees and low back) and objective (tenderness to palpation over facets at L4, L5, and S1) findings, current diagnoses (lumbar spinal stenosis, lumbar spine degenerative disc disease, sciatica, and peripheral neuropathy), and treatment to date (medications (including ongoing treatment with Norco, MSContin, Lidoderm patch, Provigil, Carisoprodol since at least 6/30/14, and Lorazepam)). Medical reports identify that current regimen helps in daily function. There is no documentation of acute exacerbation of chronic low back pain; the intention for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Carisoprodol use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol Tabs 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle Relaxants Page(s): 29, 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar spinal stenosis, lumbar spine degenerative disc disease, sciatica, and peripheral neuropathy. In addition, there is documentation of ongoing treatment with Carisoprodol; and Carisoprodol used as a second line option. However, despite documentation of muscle spasm, there is no (clear) documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Carisoprodol since at least 6/30/14, there is no documentation of the intention for short-term (less than two weeks) treatment. Furthermore, despite documentation that current regimen helps in daily function, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Carisoprodol use to date. Therefore, based on guidelines and a review of the evidence, the request for Carisoprodol Tabs 350mg is not medically necessary.