

<b>Case Number:</b>	CM14-0120616		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/16/1996
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/25/2014
<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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 46-year-old gentleman was reportedly injured on November 16, 1996. The most recent progress note, dated July 14, 2014, indicated that there were ongoing complaints of low back pain, left hip pain, buttocks pain, and left leg pain. The physical examination demonstrated decreased range of motion of the lumbar spine with spasms along the lower left lumbar paravertebral muscles. There was a positive left-sided straight leg raise test at 80. Diagnostic imaging studies were not available. Previous treatment included oral medications. A request had been made for carisoprodol 350 mg and was not certified in the pre-authorization process on July 25, 2014.

### 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(s) 3: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29.

**Decision rationale:** Carisoprodol is a muscle relaxing type medication whose active metabolite is meprobamate, which is highly addictive. According to the California Chronic Pain Medical

Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. Also, The California MTUS specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. The most recent progress note, dated July 14, 2014, did not indicate that there are exacerbations of pain nor are there muscle spasms noted on physical examination. As such, this request for carisoprodol is not medically necessary.