

<b>Case Number:</b>	CM14-0124046		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/09/2002
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 51 year old female with an injury date of 09/09/02. The records indicate that on 01/14/14, this injured worker was seen in clinic and physical examination found spasms to the lumbar spine. Soma (Carisoprodol) 350 milligrams was prescribed for spasms at that time. When the injured worker returned on 04/16/14, spasms were still present to the lumbar spine and she was continued on medications including Soma. On 07/15/14, the injured worker returned to clinic, and spasms were still present to the lumbar spine. Medications including Carisoprodol 350 milligrams were prescribed. A utilization review noncertified this request as there is no indication of failure of trials of Y drugs in a class. A request was made for Carisoprodol 350 milligrams quantity sixty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

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

**Decision rationale:** Regarding the request for this medication, the medical records do not support continuation of this medication and this request is not medically necessary. Guidelines indicate this medication, Soma or Carisoprodol, should be used for muscle spasms, but should be only used for short term use. The records indicate the medication had been prescribed as early as 01/14/14, and there is continued documentation of muscle spasms throughout the 07/15/14 clinical note. There was a lack of documentation of efficacy of this medication as muscle spasms were evident on clinical notes dated 01/14/14 and 07/15/14. The records do not indicate this medication had provided significant relief for this injured worker's muscle spasms. The medication was also utilized for a time greater than recommended. Therefore, the continued use of this medication is not supported and this request is not medically appropriate.