

<b>Case Number:</b>	CM14-0176087		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/07/2006
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Family 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:

This is a 59 year old male patient who sustained an injury on 7/07/2006. The current diagnosis includes lumbago, cervicalgia, cervical radiculitis and thoracic/lumbosacral radicular symptoms. Per the doctor's note dated 9/18/14, patient had pain in the neck and low back with paresthasias in the upper and lower extremities which is greater on the right then the left.. The soma 350mg relieves his acute muscle spasms and allows him to sleep at night. Physical examination revealed cervical spine- paraspinal tenderness bilaterally, painful rotation to the right and left at 40 degrees, negative foraminal closure tests on the right and left, pain with extension at 20 degrees, spasms and tightness in trapezius; lumbar spine- decreased range of motion, tender to palpation over lumbarosacral spine, lumbar paraspinal muscle spasm on the left and right, pain with extension past neutral, pain with flexion at 40 degrees, straight leg raise negative bilaterally, decreased pain in the L5 distribution on the right and well healed scar. The current medication list includes ultracet, minocycline, lidoderm patch and soma. He has undergone cervical and lumbar fusion in 2010. He has had lumbar MRI which revealed stable L5-S1 fusion with hardware in goodplacement and alignment, mild left sided neural foraminal stenosis at L5-S1 and mild to moderate neural foraminal stenosis at L3-4 bilaterally as well as L2-3, mild multi level facet arthropathy in lumbar spine and cervical MRI which revealed stable C5-6 fusion with mild multi level neural foraminal stenosis and facet arthropathy, chronic obstructive pulmonary disease. He has had lumbar epidural steroid injection on 5/1/14 for this injury. He has had urine drug screen on 6/3/14, 7/28/14 and 9/23/14 with consistent results.

### 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 Carisoprodol. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle relaxants (for pain ) Page(s): 29, 64.

**Decision rationale:** According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications."The CA MTUS chronic pain guidelines do not recommended soma for long term use.The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. The response to NSAIDS is not specified in the records provided.The medical necessity of Carisoprodol 350mg #60 is not established in this patient at this time.