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| <b>Case Number:</b>   | CM14-0031549 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 02/06/2003 |
| <b>Decision Date:</b> | 07/18/2014   | <b>UR Denial Date:</b>       | 02/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/10/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California and 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 injured worker is a 59-year-old injured on February 6, 2003 due to an undisclosed mechanism of injury. Current diagnoses include status post microlumbar decompressive surgery bilaterally at L3 - 4, L4 - 5 on October 15, 2013, multilevel severe neural foraminal narrowing of the lumbar spine, degenerative disc disease and facet arthropathy of the lumbar spine, and left-sided numbness. Clinical note dated February 10, 2014 indicates the injured worker presented complaining of ongoing neck and low back pain rated at 9/10 on pain scale. The injured worker reported pain, weakness, and numbness radiating down his right lower extremity into his foot. Physical assessment reveals tenderness at previous surgical site, obvious atrophy in the right calf, decreased lumbar spine range of motion in all planes, decreased sensation L3, L4, L5 and S1 dermatomes on the left, decreased sensation C-5 through C8 on the left, and ambulation assisted with single point cane. Current medications include OxyContin 30 mg three times a day, bupropion ER 150 mg every day, clorazepate 7.5 mg two tabs every night, gabapentin 600 mg three times a day, pantoprazole 20 mg twice a day., Senna 50/8.6 mg twice a day, vitamin D every day, carisoprodol 350 mg three times a day, hydrocodone/acetaminophen 10-325 mg three times a day, and zolpidem 10 mg every night. The initial request for Carisoprodol 350mg #90 was initially non-certified on your February 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISOPRODOL 350MG, NINETY COUNT:** 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 9792.20, Carisoprodol Page(s): 65.

**Decision rationale:** Soma is not recommended for long-term use. This medication is Food and Drug Administration-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. The request for Carisoprodol 350mg, ninety count, is not medically necessary or appropriate.