

<b>Case Number:</b>	CM14-0032947		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	05/20/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 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 case of a 50-year-old female who has submitted a claim for chronic low back and bilateral leg pain of uncertain etiology; chronic medication dependence; reactive depression to the chronic pain/impairment of physical activity; associated with an industrial injury date of 04/01/2014. Medical records from 2013 to 2014 were reviewed. Latest progress report showed that the patient is continuously having pain mostly in her legs. If she has been sitting or lying down for a prolonged period of time she will have her legs shake uncontrollably when trying to get up and move. She keeps two walkers in her house and one in her car. From a day to day activity standpoint the patient will try to do some laundry. She is not able to bend down all the way to get it but she will do part of it at waist level. She will do some light cooking as well as some light dishes. She will spend much of her time, however, either sitting or in bed because of the persistent pain. Physical examination revealed that the patient presents very tearful and frustrated. She is able to sit comfortably. She arises from the chair with support from the armrests and walks with a slight forward flexed posture. I did not observe any shakiness or trembling at this time. She does have some mild edema in both lower extremities. Her low back wound is well healed there is no swelling. There is no tenderness over the hardware itself. There was no documentation of muscle spasms in the lumbar spine. Treatment to date has included medications, TENS, lumbar fusion surgery and physical therapy. Medications taken include OxyContin, Neurontin, Soma, Cymbalta, Prilosec, Norco, and Ambien. Utilization review dated 03/11/2014 denied the request for Soma since there is no objective efficacy for carisoprodol including a reduction in VAS pain scores and an increase in function that results from use, subjective complaints or objective findings for muscle spasm, failure to response to or tolerate other muscle relaxants, and use will be limited to short-term treatment (2-3 weeks) of acute

exacerbations of low back pain, or a statement of exceptional factors explaining the medical necessity for treatment outside guideline recommendations.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350 mg:** Upheld

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

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

**Decision rationale:** According to page 29 of the CA MTUS Medical Treatment Guidelines, carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. This medication is not indicated for long-term use. In this case, the earliest progress report indicating Soma use was 11/13/2013. It apparently helps with the patient since there was marked increase in her symptoms. However, no overall functional improvement of the patient was documented with Soma use. Furthermore, CA MTUS does not recommend this drug for long-term use. There is no discussion that address the need for variance from this guideline. Furthermore, the request failed to indicate the amount of medication to be dispensed. The clinical indication for this medication has not been clearly established. Therefore, the request for Soma 350 mg is not medically necessary.