

<b>Case Number:</b>	CM14-0038515		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/09/2002
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 59-year-old male with a 08/09/2002 date of injury, when he was driving a tractor and hurt his lower back. The patient has undergone an 11-year course of treatment for low back complaints, which has included unspecified interventions and medication. The patient remains permanently totally disabled due to the chronic pain syndrome from the low back. The patient was seen on 03/10 /2014 with complaints of intense low back pain with radiation to the right thigh and right foot. The patient also reports depression, sleep difficulties and sexual dysfunction due to chronic pain. Exam findings revealed decreased sensation to light touch in the right lateral thigh, lateral calf and right third, fourth and fifth toe as well as the top of the foot in the L5 and S1 dermatomes. The patient's gait is slow and he uses cane to walk. Straight leg raise test was positive on the right and Lasegue's test was negative bilaterally. The pain without the medication reaches 8/10 in intensity and with the medication reaches 1-2/10 in intensity. The diagnosis is chronic pain syndrome; lumbar strain with right- sided radiculopathy; secondary depression due to pain and sexual dysfunction due to chronic lower back pain. Treatment to date included medication. An adverse determination was received on 03/11/2014. The decision was a modified certification for quantity #20, instead of quantity #90 due to lack of documentation providing the length of the treatment, objective functional gains from the treatment and patient's response to the treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there was a lack of documentation including a statement of exceptional factors explaining the medical necessity for the muscle relaxant, subjective or objective findings for acute muscle spasms or failure to respond to other medication. Given the date of the injury over 12 years ago, it is not clear when the patient started treatment with muscle relaxants. According to CA MTUS Guidelines, long-term treatment is not recommended. Therefore, the request for Carisoprodol 350 mg #90 was not medically necessary.