

<b>Case Number:</b>	CM14-0039927		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/17/2004
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Internal 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:

The patient is a 39 year old female who sustained injury on 5/17/04. She is s/p lumbar fusion surgery and lumbosacral hardware removal. Prior treatment has included home exercise program, TENS, and medications including norco, oxycontin, Ativan, klonipin, and carisoprodol. In a note written by [REDACTED] on 3/5/14, the patient is complaining of continued low back pain. She is noted to have chronic muscle spasm and has been prescribed soma in the past. He states that other muscle relaxants such as baclofen have failed in the past and soma is the only muscle relaxant that provided relief. She uses Ativan for anxiety. On exam, patient had an antalgic gait, positive straight leg test bilaterally, and positive Laseque sign. L5-S1 moor strength was diminished in the lower extremities. The plan was to use oxycontin for baseline pain and norco for breaththrough. He notes that there has been difficulty obtaining authorization for Norco and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg TA #120 with 3 refills QTY:480:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): (63-66). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain>, <Carisoprodol>.

**Decision rationale:** Carisoprodol, or Soma is used primarily as a muscle relaxant. It is indicated as a second line medication for short term treatment of acute exacerbations of chronic back pain. Efficacy appears to diminish over time and prolonged use may led to dependence and withdrawal if discontinued abruptly. The patient has a history of chronic back pain with acute exacerbations. Per [REDACTED] note, patient has chronic muscle spasm and has experienced relief of pain with the use of Soma in the past. In addition, he notes that other muscle relaxant medications such as baclofen have failed. While this might be true, the patient was also prescribed Ativan, which is an anxiolytic and muscle relaxant. The combination of Ativan, soma and opiod analgesics such as oxycontin and norco, can potentially lead to respiratory depression and death. Thus, the request for carisoprodol is not medically necessary and the request is not medically necessary.