

<b>Case Number:</b>	CM14-0043115		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 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 43-year-old female with a 10/5/2011 date of injury. The mechanism of the injury was not described. The patient was seen on 6/9/2014 with complaints of continued neck pain and shoulder pain. She rated the pain 5/10 in intensity with the medications. She can perform some house or yard work and is able to drive. Exam findings of the cervical spine revealed decreased range of motion in the all planes. Exam of the lumbar spine revealed tenderness and decreased flexion, decreased extension and decreased lateral bending. The patient was permanently disabled at that time. The patient was seen on 5/12/2014 with complains of the neck, low back and shoulder pain. The patient stated, that the medication was working and the pain level with the medication was 5/10 and 10/10 without the medication. The patient started using Carisoprodol 350mg on 3/25/2014 TID. The exam findings revealed decreased range of motion in the cervical and lumbar spine and tenderness in the lumbar spine. The diagnosis is cervicalgia, fibromyalgia and lumbago. Treatment to date: medications, L5-S1 discectomy, interbody fusion with fixation on 1/27/2007 and subsequent hardware removal on 6/9/2009. An adverse determination was received on 3/6/ 2014 given modified approval for Carisoprodol 350mg#60 with 0 refills for purposes of taper and discontinuation for this medication and denying Carisoprodol 350mg#90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg, #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CarisoprodolMuscle relaxants for pain-page 63 Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Page(s): 29,65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol).

**Decision rationale:** CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. The patient has been using Carisoprodol at least from 3/25/2014 TID. The request for Soma was approved on 3/6/2014 given modified approval for Carisoprodol 350mg#60 with 0 refills for purposes of taper and discontinuation for this medication and denying Carisoprodol 350mg#90 with 2 refills. In addition, CA MTUS do not recommend Soma for long-term use. Therefore, the request for Carisoprodol 350mg, #90 with 2 refills was not medically necessary.