

<b>Case Number:</b>	CM14-0043549		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/18/1991
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/14/2014
<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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 22-year-old female who reported an injury after lifting a 70-pound boy and injured her low back on 09/18/1991. The clinical note dated 05/27/2014 indicated diagnosis of lumbar radiculopathy, cervical strain, fibromyalgia, and median neuropathy. The injured worker reported neck and low back pain with left leg pain and left shoulder pain. The injured worker reported she had physical therapy, NSAID, neuropathic pain medication, sleep aids, home exercise program, TENS, and injections. The injured worker reported she had attended a multidisciplinary pain management program. The injured worker reported her pain level was 8/10, sharp, burning, electrical, dull, and tingling. The injured worker reported factors that aggravated her pain were prolonged sitting, standing, and bending and factors that alleviated her pain were pain management, yoga, self-hypnosis, and biofeedback. On physical examination, there was tenderness on movement of the neck, there was palpation tenderness over the iliolumbar, and flexion at the waist to knee on extension. The injured worker had sensory diminished along the C6 distribution bilaterally. The injured worker had a CURES and a drug screening. The injured worker's prior treatments included Prozac, Norco, Soma, Savella, and Ambien. The provider submitted a request for Carisoprodol. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg TA #120 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 65.

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

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic, long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was/is, in fact, using a variety of opioid agents, including Norco, Tylenol No. 3, etc. Continued usage of Soma on a long-term basis was not, thus, indicated in conjunction with the same. The 120-tablet supply of carisoprodol at issue, in and of itself, represents treatment in excess of the "two- to three-week" suggested limit for carisoprodol usage set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.