

<b>Case Number:</b>	CM14-0067999		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/04/2004
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 36-year-old male who reported an injury on 05/04/2004. The mechanism of injury involved heavy lifting. Current diagnoses include lumbar discogenic disease with failed fusion and iatrogenic narcotic overdose. The injured worker was evaluated on 02/03/2014. It is noted that the injured worker underwent a lumbar spine fusion in 12/2011. The injured worker presented with complaints of constant lower back pain. Current medications include Soma, diazepam, amitriptyline, and Vicoprofen. Physical examination on that date revealed bilateral spasms, limited lumbar range of motion, radiation into the lower extremities, positive straight leg raising bilaterally, weakness in the lower extremities, and normal deep tendon reflexes. X-rays obtained in the office on that date indicated evidence of a fusion at L5-S1 with hardware involvement. Treatment recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS Medication: Carisprodol Tab 350mg QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma.

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized Soma 350 mg since 12/2013. There is no documentation of objective functional improvement. The California MTUS Guidelines do not recommend long-term use of muscle relaxants. There was no frequency listed in the current request. Therefore, the request is not medically necessary.