

<b>Case Number:</b>	CM14-0075511		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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, has a subspecialty in Pain 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 injured worker is a 48 year old male who reported an injury on 10/25/2012. The injury reportedly occurred while he attempted to step into a truck and the step gave way resulting in the injured worker falling and twisting his back injuring his right leg. His diagnoses included sprain/strain to the left shoulder, sprain/strain to both hands, L3-4 and L4-5 facet disease, status post L5-S1 decompression and fusion, status post posterior revision fusion, and status post removal of L5-S1 lumbar hardware. His past treatments included two injections, physical therapy, and medications. Diagnostic testing related to the injury has included nerve conduction studies, an MRI of the lumbar spine and x-rays. His past surgical history comprised of a back fusion surgery in 2006 and hardware removal surgery in 2007. He also went a second hardware removal surgery in approximately 2010. The injured worker complained of moderate to severe back pain and difficulty with activities of daily. He stated that his lumbar back pain was present all the time and that his symptoms radiated down his right leg to his foot. He reported cramping, discomfort, and occasional swelling as well. The physical exam revealed positive impingement testing to the bilateral shoulders, tenderness to the midline of the lumbar spine, evidence of allodynia, and his gait was antalgic. His medications included Percocet, Soma 10mg three times a day, and Valium. The treatment plan included a second opinion with pain management, a electric wheelchair referral, and Carisoprodol 350mg, a 30 day supply of 120 tabs. The rationale for request was not clearly indicated in the clinical notes. The Request for Authorization form was submitted but not completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg; Day Supply: 30, Qty 120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 65.

**Decision rationale:** The California/MTUS guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with nonsteroidal anti-inflammatory drugs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Carisoprodol is not recommended for longer than a 2 to 3 week period and withdrawal symptoms may occur with abrupt discontinuation. The injured worker does have active complaints of pain and difficulty with activities of daily living and he is currently being treated with pain medications and muscle relaxants since at least 01/13/2014. However, the guidelines state that long term use of Carisoprodol shows diminished effectiveness over time and may lead to increased dependence. The injured worker has been prescribed Carisoprodol for longer than the recommended 2-3 week treatment period with no objective data to indicate improved functionality or symptom relief. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request for Carisoprodol 350 mg with a 30 supply of 120 tabs is not medically necessary.