

<b>Case Number:</b>	CM14-0081378		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 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 patient sustained an injury on 2/8/13 while employed by [REDACTED]. The request under consideration is Carisoprodol 350 mg #90. MRI of the lumbar spine dated 12/20/13 showed 1-3 mm disc bulges at L4-5, L5-S1 with neural foraminal narrowing; no evidence of canal stenosis. Report of 1/10/14 from the provider noted the patient with lumbosacral pain radiating to buttocks. Exam showed painful and decreased range of motion. Diagnosis was lumbosacral sprain/strain with radiculitis. Treatment plan included pain management consult; spine surgeon consult and the patient was temporarily totally disabled (TTD) for 6 weeks. Report of 2/4/14 noted unchanged low back pain. Exam noted tenderness at paraspinal muscles; decreased and painful range of motion (no degree or planes). Diagnoses included lumbar radiculopathy with treatment for medications Norco and Soma refills. The request for Carisoprodol 350 mg #90 was found to be medically not necessary on 5/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350 mg #90:** 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  
Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** This patient sustained an injury on 2/8/13 while employed by [REDACTED]. The request is for Carisoprodol 350 mg #90. MRI of the lumbar spine dated 12/20/13 showed 1-3 mm disc bulges at L4-5, L5-S1 with neural foraminal narrowing; no evidence of canal stenosis. Report of 1/10/14 from the provider noted the patient with lumbosacral pain radiating to buttocks. Exam showed painful and decreased range of motion. Diagnosis was lumbosacral sprain/strain with radiculitis. Treatment plan included pain management consult; spine surgeon consult and the patient was TTD for 6 weeks. Report of 2/4/14 noted unchanged low back pain. Exam noted tenderness at paraspinal muscles; decreased and painful range of motion (no degree or planes). Diagnoses included lumbar radiculopathy with treatment for medications Norco and Soma refills. Report of 5/12/14 from the provider showed constant lumbosacral pain at 9/10. No objective findings documented. Diagnoses included lumbar radiculopathy and sprain/strain. Treatment was to refill meds of Norco and Soma #90 with continued TTD. The request for Carisoprodol 350 mg #90 was found to be medically not necessary on 5/20/14. Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings revealing tenderness to palpation, spasm, and decreased range of motion, without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of Soma for this chronic injury. The Carisoprodol 350 mg #90 is not medically necessary and appropriate.