

<b>Case Number:</b>	CM14-0090626		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 case involves a 57-year-old male who has submitted a claim for moderate to severe degenerative disc disease of the lumbar spine at L1-2, L2-3, L3-4 and L4-5 with possible degenerative disc disease at L5-S1; grade 1 degenerative spondylolisthesis at L4-5; retrolisthesis at L2 on L3 and L3 on L4 with very severe facet spondylosis at L4-5; moderate to severe facet spondylosis at L5-S1; right lower extremity radiculitis; and left lower extremity L5 radiculopathy, associated with an industrial injury date of 01/27/12. Medical records from 2013 to 2014 were reviewed. The patient sustained an injury at work when a vehicle backed up and hit him in the area of his lower back which caused him to be thrown forwards and land on the asphalt on both of his hands and knees. The 05/15/14 progress report indicates that patient continues to report lower back pain radiating to his buttocks and down the entire left leg and foot, with associated numbness and tingling. The 02/17/14 MRI of the lumbar spine showed moderate to severe degenerative disc disease at L2-3, L3-4 and L4-5; significant disc protrusion at L2-3 and lesser disc protrusion at L4-5; grade 1 degenerative spondylolisthesis with minor disc protrusion at L3-4; and, significant severe stenosis at L4-5, with mild to moderate stenosis at L2-3 and L3-4. On physical examination, the lumbar spine had no tenderness but with restricted ROM and the lower extremities showed moderate to severe grade 4 weakness of the left extensor hallucis longus, left flexor hallucis longus and left peroneal muscle. Straight leg raising was positive bilaterally. Plan was for steroid injections, nerve blocks, possible lumbar spine surgery and medications. The patient was already on Soma since at least 2006, reason for which was not mentioned in the submitted records for review. Patient is currently still on TTD. Treatment to date has included work modification, steroid injections and medications (Soma since at least 2012, Vicodin since 2012 to until 2013, and Norco since at least 2013). Utilization review date of 05/30/14, denied the request for Carisoprodol because there was no detailed AP report

indicating the need for anti-spasmodic medications. There was likewise no documentation that prior use has resulted in functional improvement or has achieved return to work to support continued use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Carisoprodol tab 350 mg day supply: 30 quantity: 60: 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, Muscle relaxants for pain, Page(s): 29, 63-65.

**Decision rationale:** As stated on pages 29, 63-65 of the CA MTUS Chronic Pain Medical Treatment Guidelines, the use of non-sedating muscle relaxants for pain is recommended as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain and may be effective in reducing pain and muscle tension, and increasing mobility. However, it has not shown benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Likewise, its efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence as Carisoprodol is metabolized to meprobamate, an anxiolytic that is a scheduled IV controlled substance and is not recommended for use longer than a 2 to 3 week period. In this case, there is no clear documentation of duration of Carisoprodol use, only that it must have been used since at least 2006 for an undocumented injury and since 2012 for current reported industrially related injury, thereby exceeding the recommended 2-3 weeks of use. It is recommended for chronic CBP. However, there was no record of treatment failure with first-line medications. It is not recommended for long-term use due to the risk of dependence, especially when used with other substances such as opioids, because it augments and alters the effect of these drugs, further potentiating abuse and dependence. There has been no documentation of pain relief and improved functioning with the use of Carisoprodol. Moreover, the most recent physical examination failed to provide evidence of muscle spasm. There is no clear indication for Carisoprodol at this time. Therefore, the request for Carisoprodol tab 350 mg day supply: 30 QTY: 60 are not medically necessary.