

<b>Case Number:</b>	CM14-0117513		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/03/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Family Practice, and is licensed to practice in Ohio. 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 37-year-old male with a date of injury of 2-3- 2013. Evidently, the injured worker was clearing an obstacle on an aerial lift when the aerial lift or obstacle fell on him. The injured worker has had a cortisone shot to his neck, 6 sessions of physical therapy, medication, and trigger point injections without improvement. The note from the utilization review physician states that the injured worker has been taking Soma 350 mg twice daily since April 2014. The physical exam reveals diminished range of motion of the cervical and lumbar spine. There is tenderness to palpation and spasm of the paraspinal musculature in these regions. The straight leg raise test is positive bilaterally. The diagnoses include cervical sprain, head injury not otherwise specified, and lumbar radiculopathy. At issue is a request for Soma 350 mg #60 with 2 refills. This request was noncertified per MTUS guidelines and subsequently modified to allow for weaning and discontinuation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350 mg # 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

**Decision rationale:** The cited guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. Side Effects: drowsiness, psychological and physical dependence, and withdrawal with acute discontinuation. Dosing: 250 mg-350 mg four times a day. In this instance, Carisoprodol had been in use for a period of time which exceeds that which is recommended. The utilization review physician has provided for weaning although twice-daily dosing of this medication may not be considered high dose and therefore the need for weaning is a matter of some debate. Consequently, Carisoprodol 350 mg # 60 with 2 refills was not medically necessary.