

<b>Case Number:</b>	CM14-0200266		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	07/09/2002
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female, who sustained an industrial injury on 7/9/2002. On 12/1/14, the injured worker submitted an application for IMR for review of Carisoprodol 350mg QTY#60. The treating provider has reported the injured worker complained of low back pain that radiates to hips and left knee. The diagnoses have included low back pain, lumbar disc displacement, lumbar radiculopathy, carpal tunnel syndrome, pain; knee joint, hip and thigh injury NOS. Treatment to date has included medication, MRI (not specific to body part or date), epidural steroid injection lumbar (3/2014). On 11/11/14 Utilization Review MODIFIED Carisoprodol 350mg QTY#60 FOR WEANING ONLY AND WITH NO REFILLS. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg QTY#60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle relaxants Page(s): 29, 63-66.

**Decision rationale:** The 11/11/14 Utilization Review letter states the Carisoprodol 350mg requested on the 11/05/14 medical report was modified for weaning due to the nature of the drug. The 11/05/14 pain management report states the patient presents with low back and left knee pain. The patient uses a walker and has lumbar paraspinal spasms on exam. Soma (carisoprodol) 350mg bid, #60 was prescribed. The prior medical report was dated 10/8/14 and shows Soma was prescribed. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma ) states: Not recommended. This medication is not indicated for long-term use MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. The records show that Soma (Carisoprodol 350mg) was prescribed for 4-weeks and has been used for over 4-weeks. This exceeds the MTUS recommendations. The request for Carisoprodol 350mg, QTY: 60, IS NOT medically necessary.