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| <b>Case Number:</b>   | CM15-0132131 |                              |            |
| <b>Date Assigned:</b> | 07/20/2015   | <b>Date of Injury:</b>       | 12/04/2009 |
| <b>Decision Date:</b> | 08/14/2015   | <b>UR Denial Date:</b>       | 06/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/08/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 32-year-old female who sustained an industrial /work injury on 12/4/09. She reported an initial complaint of pain in back. The injured worker was diagnosed as having lumbosacral neuritis, myalgia, myositis, lumbosacral spondylosis, spinal stenosis, cervical disc displacement, sprain of neck, sprain lumbar region. Treatment to date includes medication, diagnostics, and surgery (lumbar spine surgery 2011). MRI results were reported on 2/5/15. Currently, the injured worker complained of constant severe mid back pain radiating down to lower back toward bilateral legs with numbness and burning sensation. Per the medical exam (AME) on 3/11/15, exam noted gait was a very short stride and shuffling, decreased range of motion to the lumbar spine (27 degrees flexion, extension at 6 degrees, and left lateral bending 13 degrees), tenderness throughout the lumbar spine, positive straight leg raise on right, anesthetic to pinprick stimulus in both lower extremities, and normal motor strength. The requested treatments include Diazepam 10mg and Carisoprodol 350mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The claimant has a remote history of a work injury occurring in December 2009 and continues to be treated for radiating low back pain. When seen, there was lumbar spine tenderness with muscle spasms. Straight leg raising was positive. Soma and diazepam were prescribed. Diazepam is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition. Continued prescribing is not medically necessary.

**Carisoprodol 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The claimant has a remote history of a work injury occurring in December 2009 and continues to be treated for radiating low back pain. When seen, there was lumbar spine tenderness with muscle spasms. Straight leg raising was positive. Soma and diazepam were prescribed. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma is not medically necessary.