

<b>Case Number:</b>	CM15-0139379		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	03/23/2005
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 63-year-old female, who sustained an industrial injury on March 23, 2005. Treatment to date has included MRI of the lumbar spine, medications, and cervical spine fusion. Currently, the injured worker reports that she has started taking multi-vitamins three times per day and they seem to cause excess drowsiness. She reports that carisoprodol and gabapentin cause some fatigue. On physical examination, she had increased muscle tone in the neck and some limitation with cervical range of motion. The evaluating physician noted that she still needs her medications to control her pain. The diagnoses associated with the request include cervical radiculopathy of C6 and status post cervical spine fusion. The treatment plan includes continued Norco, hydrocodone and carisoprodol and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg quantity 90 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**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 March 2005 and continues to be treated for chronic pain after undergoing two cervical spine fusion surgeries. When seen, medications were causing fatigue. Physical examination findings included a BMI of over 34. There was limited cervical spine range of motion with increased muscle tone. Medications were refilled and follow-up was in three months. 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 was not medically necessary.

**Hydrocodone Acetaminophen 10/325mg quantity 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2005 and continues to be treated for chronic pain after undergoing two cervical spine fusion surgeries. When seen, medications were causing fatigue. Physical examination findings included a BMI of over 34. There was limited cervical spine range of motion with increased muscle tone. Medications were refilled and follow-up was in three months. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.