

<b>Case Number:</b>	CM15-0143058		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	09/30/2009
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: California, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, 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 47 year old male, with a reported date of injury of 09-30-2009. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar postlaminectomy syndrome, lumbar back pain with radiculopathy, discogenic disc disorder, depression, and chronic insomnia. Treatments and evaluation to date have included oral medications, a cane, lumbar fusion, pain pump, and a catheter dye study on 04-22-2015. The diagnostic studies to date have included a CT scan of the lumbar spine on 02-07-2015 which showed no significant spinal canal or foraminal stenosis, moderate spondylitic changes, and ankylosis of the left sacroiliac joint with near ankylosis of the right superior sacroiliac joint and some enthesophytes at T12-L1; x-rays of the thoracic spine on 06-28-2015 which showed degenerative disc disease changes and no acute fractures; x-rays of the bilateral hips on 06-28-2015 which was negative for fracture; an MRI of the lumbar spine on 06-27-2015 which showed no significant central canal stenosis, mild neural foraminal narrowing, and mature L4 to L5 and L5 to S1 interbody fusions; a CT scan of the brain on 06-27-2015 which was negative for acute findings. The medical report dated 05-12-2015 indicates that the injured worker had bilateral leg pain, bilateral buttock pain, bilateral hip pain, bilateral knee pain, bilateral low back pain, and bilateral ankle/foot pain. It was noted that there was a change in pain and spasticity control since the last visit. The physical examination showed no swelling in the extremities, no deformity or scoliosis in the thoracic or lumbar spine, and slight assistance from lying to sitting position. There was no indication of the injured worker's work or functional status. The treating physician requested Carisoprodol 300mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #90:** 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 Page(s): 29.

**Decision rationale:** Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The records were evaluated as to the history of medication use, the injured worker has been using this medication since at least 2/2015. However, as this medication is not recommended by MTUS, it is not medically necessary.