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| <b>Case Number:</b>   | CM15-0161371 |                              |            |
| <b>Date Assigned:</b> | 08/28/2015   | <b>Date of Injury:</b>       | 04/17/1999 |
| <b>Decision Date:</b> | 10/13/2015   | <b>UR Denial Date:</b>       | 07/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/18/2015 |

### 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

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 69 year old male, who sustained an industrial injury on April 17, 1999. He reported low back and leg pain. The injured worker was diagnosed as having lumbago, post lumbar fusion syndrome, and depression. Diagnostic studies to date have included a CT discogram of the lumbar spine performed on February 4, 2001, which revealed abnormal annular morphology with assuring noted at the upper portion of L5-S1 (lumbar 5-sacral 1) as described as contract extending along the right posterior lateral outer annulus, with extravasation of contrast within the epidural space at this level. There was facet arthropathy noted from L2-S1 (lumbar 2-sacral 1) and central canal stenosis at the L3-L4 (lumbar 3-lumbar 4) and L4-L5 level. Surgeries to date have included L4-L5 on L5-S1 anterior interbody fusion with BAK Cages in 2000 or 2001 and a posterior approach lateral fusion with pedicle screws and instrumentation at L4-S1 and iliac crest bone grafting in 2001. Treatment to date has included facet injections, lumbar epidural steroid injections, and medications including short-acting and long-acting opioid analgesics, sleep, proton pump inhibitor, anti-epilepsy, antidepressant, muscle relaxant, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include 1996 and 1997. Comorbid diagnoses included history of diabetes. On July 8, 2015, the injured worker reported continued low back pain with some episodes of sciatica over the past month. His continued use of his medications significantly helped his pain and function. He was working full-time. He exercises regularly and did a tai chi exercise program daily. The physical exam revealed decreased bilateral patellar deep tendon reflexes, absent bilateral Achilles deep tendon reflexes, decreased sensation in the left L3 through L5 dermatomes, negative straight leg

raise, and lumbar spine spasm and guarding. His work status was described as permanent and stationary with permanent disability. The treatment plan includes refilling of the Soma.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Carisoprodol (Soma) 350mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Carisoprodol (Soma).

**Decision rationale:** Based on the 7/8/15 progress report provided by the treating physician, this patient presents with low back pain with episodes of sciatica this past month. The treater has asked for CARISOPRODOL (SOMA) 350MG #45 on 7/8/15. The request for authorization was not included in provided reports. The patient is s/p L4-5 on L5-S1 anterior interbody fusion with BAK cages from May 2001, and then underwent second posterior approach lateral fusion with pedicle screws and instrumentation at L4-S1 and iliac crest bone grafting on 8/30/01. The patient is s/p CT discogram of lumbar spine, and positive CAT scan per 6/10/15 report. The patient is s/p facet injections which did not benefit him, and multiple lumbar epidural steroid injection which only benefitted several weeks per 7/8/15 report. The patient has diagnoses of lumbago, post lumbar fusion syndrome, and depression per 6/10/15 report. The patient's work status is permanent and stationary with permanent disability per 7/8/15 report. MTUS, Muscle Relaxants Section, page 63-66: "Carisoprodol (Soma, Soprodol 350", Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The treater does not specifically discuss this medication. Patient has been prescribed Soma since at least 1/6/15 and in reports dated 3/18/15 and 6/10/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for Soma #45 would exceed what is recommended by MTUS, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.