

<b>Case Number:</b>	CM15-0169445		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	01/20/2005
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 68 year old female who sustained an industrial injury on 1-20-05. A review of the medical records indicates that she is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, sciatica, and chronic pain syndrome. Medical records (12-17-14 and 8-11-15) indicate ongoing pain in her low back. However, the records indicate that she no longer complains of radiation to her bilateral hips. The physical exam notes tenderness in the lumbosacral area. There is no noted change on examination. She reports that she is having difficulty with walking, sitting, and standing. Her medications include Nabumetone 500mg twice daily and Carisoprodol 350mg at bedtime. She reported that she did not take her medication "for a few days and needs a refill" (8-11-15). Treatment has included oral medications and exercise. The request for authorization regarding Carisoprodol is unavailable for review. The utilization review (8-24-15) indicates modification of Carisoprodol 350mg to a quantity of 15 from a requested 120, allowing for tapering of the medication, as it is not indicated for long-term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #120:** 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).

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2005 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Carisoprodol 350mg #120 is not medically necessary or appropriate.