

<b>Case Number:</b>	CM15-0181200		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/06/2006
<b>Decision Date:</b>	11/04/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 38 year old male who sustained an industrial injury on 3-6-2006. He reported a low back injury from heavy lifting activity. Diagnoses include cervical radiculopathy, lumbago, status post lumbar fusion in 2010, postoperative pseudarthrosis, postlaminectomy pain syndrome, and retained hardware syndrome. Comorbid conditions include obesity (BMI 32.6). Treatments to date include physical therapy, aquatic therapy, lumbar support orthosis, surgery, activity modification, medication, lumbar epidural steroid injection, and bilateral pedicle screw injection. The provider's progress note on 8-4-15 reported the injured worker continued to complain of sharp pain and muscle spasms in the middle and low back with radiation of sharp needle sensations into the right leg and locking of the right leg. The physical examination documented paravertebral lumbar tenderness, limited lumbar range of motion and positive bilateral straight leg raise test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol tab 350mg, 30 day supply #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Weaning of Medications.

**Decision rationale:** Carisoprodol is a centrally acting skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, Carisoprodol is not recommended by the MTUS for use to treat pain as it is metabolized to meprobamate, a barbiturate and a schedule-IV controlled substance. If this medication is used, it is only indicated for short-term use. This patient has been on carisoprodol therapy for over 6 months yet continues to have muscle spasms. There is no indication to continue use of this medication. Since a withdrawal syndrome has been associated with use of this medication, weaning is recommended. The request for Carisoprodol is not medically necessary.