

<b>Case Number:</b>	CM15-0187554		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	08/27/2004
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 retired female, who sustained an industrial injury on 8-27-2004. Medical records indicate the worker is undergoing treatment for lumbar disc disease with chronic lumbago and right knee osteoarthritis. A progress note from 6-3-2015 reported the injured worker complained of right knee pain, left knee pain, swelling of the left foot and low back pain. A recent progress report dated 8-5-2015, reported the injured worker complained of low back pain and right knee pain at 7/10. Physical examination revealed mid and lower lumbar spine tenderness and right knee tenderness with crepitation and negative SLR. Treatment to date has included bilateral knee surgery, epidural steroid injection, physical therapy and Soma since at least 6-3-2015. The physician is requesting Carisoprodol 350mg #100 #50 with 1 refill. On 9-10-2015, the Utilization Review noncertified the request for Carisoprodol 350mg #100. The patient sustained the injury due to sorting and lifting boxes. The patient's surgical history include left knee surgery on 7/28/2005 and on 2/16/2010, right knee surgery on 9/21/2006. Patient had received lumbar ESI for this injury. The medication list includes Motrin, Vicodin, Lorazepam, Restoril, Soma, Norco, Gabapentin, ibuprofen, Lidoderm, Percocet and Aleve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg, #100:** 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): Carisoprodol (Soma).

**Decision rationale:** Request: Carisoprodol 350mg, #100. According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain. The patient had a chronic injury and evidence of an acute exacerbation in pain and muscle spasm was not specified in the records provided. The patient has a chronic (not acute) injury. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Carisoprodol 350mg, #100 is not established for this patient.