

<b>Case Number:</b>	CM15-0188640		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/14/2000
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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:

This 64 year old male sustained an industrial injury on 6-14-00. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease with spondylosis, radiculitis and sciatica. Previous treatment included physical therapy, chiropractic therapy and medications. In a PR-2 dated 12-16-14, the injured worker reported that he had had a "bad month" with flares of back pain radiating to the left leg. The injured worker was using over the counter Tylenol and Ibuprofen as well as Flexeril. The physician prescribed chiropractic therapy. In a progress note dated 4-7-15, the injured worker reported that chiropractic therapy had been very helpful when combined with Flexeril. The injured worker stated that he still had some flare-ups of pain going down the right leg that produced tightness and discomfort. The injured worker was prescribed Flector patches. In a PR-2 dated 8-4-15, the injured worker complained of a recent flare of low back pain with severe pain in the low back radiating to the left lower extremity. The injured worker stated that the symptoms had subsided by the time of the exam. The physician noted that the injured worker used Tylenol with Codeine infrequently for pain relief and had not had a prescription for approximately one year. The injured worker also used Soma as needed for relief of muscle spasm. Physical exam was remarkable for lumbar spine with tenderness to deep palpation over the lower lumbar area without spasm, range of motion: flexion 25cm, extension 50% of normal, bilateral lateral bend 75% of normal and bilateral rotation 100% of normal, 5 out of 5 lower extremity strength and negative straight leg raise. The injured worker walked with a normal gait and performed heel

and toe walk bilaterally. The treatment plan included a refill of Carisoprodol. On 8-27-15, Utilization Review noncertified a request for Carisoprodol 350mg #60.

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

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

**Carisoprodol 350mg 20 day supply quantity 60: 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:** 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, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.