

<b>Case Number:</b>	CM15-0206701		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	08/21/1990
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: New Jersey

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 52 year old male who sustained an industrial injury on 8-21-90. A review of the medical records indicates that the worker is undergoing treatment for lumbar disk injury, lumbar vertebra herniated nucleus pulposus-displacement, lumbar low back pain syndrome, and lumbar sciatica pain. Subjective complaints (9-3-15) include the low back still bothers him daily and that the Soma is most effective with a more powerful pain medication than Tylenol #3 and would like to try Norco. The worker reports he has gotten some work but he hurt more by the end of the day. Objective findings (9-3-15) include a tender lumbosacral joint and bilateral sciatic notches, full painless hip range of motion, and left and right straight leg raise to 70 degrees with tight hamstrings. It is noted that he has been working and with longer hours on his feet and the drive, Tylenol has been helpful, but not as much. The physician reports (10-12-15) regarding Carisoprodol; the worker "has been a user for several years and this is the only muscle relaxant that gives him the best result. This is another medication that prevents bed rest and allows him to participate in the activities of daily living." It is noted he has tried Flexeril but gets no help from it and physical therapy offered short-term relief. Work status is to remain working. The treatment plan includes discontinue Tylenol #4, new prescription: Norco 7.5-325mg, and refill Soma. The requested treatment of Carisoprodol 350mg #120 with 6 refills was non-certified on 10-16-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #120 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended, as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, carisoprodol was used chronically leading up to this request, which is not recommended by the Guidelines. Although the worker reportedly was able to rest and participate in activities of daily living, these were not quantified or specified, and there was insufficient evidence found in the notes to suggest this worker was an exception to the Guidelines. Continue chronic use of carisoprodol is not medically necessary.