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| <b>Case Number:</b>   | CM15-0021530 |                              |            |
| <b>Date Assigned:</b> | 02/11/2015   | <b>Date of Injury:</b>       | 01/20/2010 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/04/2015 |

### 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:

This is a 46 year old female patient, who sustained an industrial injury on 1/20/2010. The diagnoses have included failed cervical surgery syndrome, cervical degenerative disc disease, cervicgia and thoracic back pain. According to the progress report dated 1/9/2015, she had complaints of posterior neck pain radiating to bilateral shoulders, mid back and interscapular pain, associated with numbness in bilateral arms and hands. She had complaints of continuously dropping things due to decreased grip strength in her bilateral hands. Physical examination revealed severe tenderness to palpation over the bilateral trapezial and posterior cervical paraspinal musculature from C3-C7, moderate to severe tenderness to palpation over the mid-back between the scapula; palpation in this area elicited neck pain and pain down the upper arms and very limited range of motion in bilateral shoulders. The current medications list includes Oxycodone, Gabapentin, Chlorzoxazone, Mirtazapine, Trazadone, and Gamotidine. She has had cervical MRI on 5/23/2011 which revealed post operative changes and disc protrusion at C5-6; EMG/NCS dated 12/8/2011 with normal findings. She has undergone cervical fusion at C6-7 in 10/2010. She has had physical therapy, cervical epidural steroid injection (ESI) and Transcutaneous Electrical Nerve Stimulation (TENS) for this injury. Treatment plan was to continue medications and request aqua therapy. On 2/2/2015, Utilization Review (UR) non-certified a request for Carisoprodol 350mg #48. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #48:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29Muscle relaxants (for pain), page 64.

**Decision rationale:** Request: Carisoprodol 350mg #48According 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."The CA MTUS chronic pain guidelines do not recommended soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of muscle spasm in a recent note is not specified in the records provided. The medical necessity of Carisoprodol 350mg #48 is not established in this patient at this time.