

<b>Case Number:</b>	CM15-0225142		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	02/28/1998
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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 (IW) is a 57 year old female, who sustained an industrial injury on 2-28-1998. The injured worker is being treated for chronic neck and lumbar pain. Treatment to date has included diagnostics, medications, acupuncture, and physical therapy, injections and activity modification. Per the Primary Treating Physician's Progress Report dated 10-28-2015, the injured worker presented for medication refills. She reported that the medication is up and down. She rated the severity of her pain as 8 out of 10. Current medications included Hydrocodone-APAP, and Soma. Objective findings included pain with tenderness to palpation of the cervical spine and lumbar area with decreased range of motion of the cervical spine. The IW has been prescribed Carisoprodol (Soma) since at least 2-06-2014. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications Work status was not documented at this visit. The plan of care included, and authorization was requested for Carisoprodol 350mg #90. On 11-03-2015, Utilization Review non-certified the request for Carisoprodol 350mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg qty: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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, there was record of periodic muscle spasm experienced by this worker, accompanied by months of chronic, regular use of muscle relaxants. There was no found report on how effective these were. A new request for Soma was made and for #90 pills, suggesting an intention to continue muscle relaxant use on a chronic basis, which is not recommended for this drug class. Therefore, this request for Soma is not medically necessary.