

<b>Case Number:</b>	CM15-0032934		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/26/1998
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male sustained an industrial injury on 9/26/98, with subsequent ongoing headaches and low back pain. Recent treatment included spinal cord stimulator, radiofrequency neurotomy medial branch nerves C2-3 and C3-4 (10/22/14) and medications. In a PR-2 dated 1/5/15, the injured worker reported that right neck pain and cervicogenic headaches were reduced by 65% since recent radiofrequency neurotomy, allowing for functional gains with mobility and activities of daily living. Physical exam was remarkable for tenderness to palpation to the cervical spine with decreased but improved range of motion, tenderness to palpation to the trapezius, thoracic spine, lumbar spine, coccyx, left groin and left knee with bilateral lower extremity weakness and antalgic gait. Current diagnoses included cervical postlaminectomy syndrome, cervical spine, lumbar spine, and thoracic spine disorders, displacement of cervical and lumbar disc without myelopathy, headache, cervicgia and inflammatory neuropathy. The treatment plan included medication refills (Kadlan and Hydrocodone) and continuing medications (Nortriptyline, Carisoprodol, Lyrica, and Omeprazole). On 2/5/15, Utilization Review noncertified a request for Carisoprodol 350 MG 1 Tab TID By Mouth As Needed 30 Days #90 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp. 8195

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350 MG 1 Tab TID By Mouth As Needed 30 Days #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Based on the 12/05/14 progress report provided by treating physician, the patient presents with low back and bilateral lower extremity pain, and chronic right suboccipital headaches. The request is for CARISOPRODOL 350MG 1 TAB TID BY MOUTH AS NEEDED 30 DAYS #90. Patient's diagnosis on 12/05/14 includes cervical and lumbar postlaminectomy syndrome; and displacement of cervical and lumbar intervertebral disc without myelopathy. Patient's medications include Carisoprodol, Lyrica, Omeprazole, Nortriptyline, Kadian and Hydrocodone. Current medication regimen remains effective with no reported side effects. Pain reduction of 30-40% is reported. The patient is off work. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Carisoprodol has been included in patient's medications per treater reports dated 02/27/14, 08/24/14, and 12/05/14. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Patient has already been prescribed Carisoprodol at least since 02/27/14, which is almost 1 year from UR date of 02/04/15. Furthermore, the request for additional quantity 90 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.