

<b>Case Number:</b>	CM14-0129179		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	04/22/1994
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 75 year-old female with date of injury 04/22/1994. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/02/2014, lists subjective complaints as back and bilateral leg pain secondary to severe spinal stenosis/spondylolisthesis L4-5 and L5-S1. Objective findings: On physical examination, patient presented with a cane. She had localized tenderness to palpation on either side of the midline at about the sacroiliac joint. At the patient's request, she underwent injection of 9cc of 0.5% Marcaine and 3cc of Kenalog 40 mg/cc. This was injected with a spinal needle on either side of the midline at the area of greatest tenderness. Diagnosis: 1. Flare up of chronic back and bilateral leg pain secondary to spondylolisthesis/spinal stenosis. The medical records provided for review document that the patient has been taking the following medication for at least as far back as 5 months. Medications: 1. Carisoprodol Tab 350mg, #120 No SIG provided

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol Tab 350 mg Day Supply:20 Quantity:120Refills: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** The MTUS states that Carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of Meprobamate. There was a 300% increase in numbers of emergency room episodes related to Carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose Carisoprodol and there is no standard treatment regimen for patients with known dependence. Therefore, the request is not medically necessary.