

<b>Case Number:</b>	CM14-0129423		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/06/2001
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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, has a subspecialty in Internal 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 50 year old male who was injured on 09/06/2001. While performing duct blasting, he fell through an attic floor landing on concrete below, fracturing T12 and L1 and dislocating his right elbow. He was treated surgically for both the back and elbow, with the thoracolumbar hardware removed 2 to 3 years after the original surgery. Prior medication history included Baclofen, Carisoprodol 350 mg, Celebrex, Hydrocodone and Viagra. Progress report dated 05/01/2014, states the patient presented with complaints of low back pain and bilateral lower extremity pain left more than right, and neurogenic bladder. He continues to have weakness on the right to plantar version and toe walking. The medications were appropriate. Baclofen had been substituted for Soma which was discontinued this visit. He rated his pain as 7/10 with medications and 9/10 without medications. On exam, the lumbar spine revealed tenderness without spasms and decreased range of motion in flexion and extension. The patient has diagnoses of lumbar radiculopathy, spondylosis with myelopathy of the lumbar spine, post laminectomy syndrome of the lumbar spine, myalgia and myositis and neurogenic bladder. He was prescribed Carisoprodol for muscle spasm and Hydrocodone -acetaminophen (10/325 mg). On 05/16/2014, the neurosurgery progress note listed the following medications only; Finasteride 5 mg daily, Celebrex 200 mg Bid, Hydrocodone-acetaminophen (10/325 mg) QID, and Viagra 100 mg prn. Prior utilization review dated 08/04/2014, states the request for Carisoprodol 350mg Tablet; 1 by mouth twice a day as needed for 90 days #180 is denied as it is not recommended for long-term use. On 08/21/2014, the physician statement documented a summary statement to address denial of Soma by utilization review on the report dated 08/04/2014. It was indicated that the request for Soma was a computer error. The patient was taken off Soma and it was replaced with Baclofen back in May 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg Tablet; 1 by mouth twice a day as needed for 90 days #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 111-113.

**Decision rationale:** The Chronic Pain Medical treatment Guidelines recommends non-sedating muscle relaxants with caution as a second- line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Carisoprodol is recommended for no longer than a 2 to 3 week period. Further, it should be noted that the patient was no longer on Carisoprodol since 05/01/2014, as it was discontinued and substituted with Baclofen. Based on the Chronic Pain Medical treatment Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.