

<b>Case Number:</b>	CM14-0214841		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	04/18/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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:

The patient is a 44-year-old female with date of injury of 04/18/2007. The listed diagnoses from 11/06/2014 are: 1. Degenerative disk disease of the lumbar spine with lumbar radiculopathy. 2. Status post lumbar laminectomy, discectomy and fusion on 01/30/2014, and subsequent removal of hardware on 05/30/2014. 3. Trigger point injection of the left hip on 10/16/2014. 4. Degenerative disk disease of the cervical spine with cervical radiculopathy. 5. Thoracic radiculopathy secondary to degenerative disk disease of the thoracic spine. 6. Status post thoracic laminectomy and discectomy from 2012. 7. Subacute bursitis, tendonitis of the left hip. According to this report, the patient complains of low back, bilateral leg, neck, upper extremity, midback, abdominal, and left hip pain. The patient is status post trigger point injection of the left hip from 10/16/2014 from which she experienced significant reduction of left hip and leg pain. She states that her pain is more significant in the mid and upper back primarily on the left. The patient reports radiating pain to the midback all the way around to the left side of the chest up into the left upper back towards the shoulder blade area. There is mild tenderness in the bilateral lumbar paravertebral muscles of the lumbar spine. Point tenderness to the left gluteal muscles with focal muscle induration, 4 cm x 4 cm. There is positive twitch response with pain radiating into the lower back and upper thigh area. Straight leg raise is positive on the left. Severe tenderness over the greater trochanter left hip. Pain with internal rotation and external rotation of the left hip. Treatment reports from 05/31/2014 to 11/06/2014 were provided for review. The Utilization Review denied the request on 12/15/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol (Soma) Page(s): 21.

**Decision rationale:** This patient presents with low back, bilateral leg, neck, upper extremity, midback, abdominal, and left hip pain. The treater is requesting Carisoprodol 350 mg 1 daily quantity #30. The MTUS Guidelines page 21 on Carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant, whose primary active metabolite is meprobamate (schedule IV controlled substance). The records show that the patient was prescribed carisoprodol on 08/14/2014. In this case, the MTUS Guidelines do not support the long term use of carisoprodol. The request is not medically necessary.