

<b>Case Number:</b>	CM15-0012149		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 is a 58 year old male, who sustained an industrial injury on November 4, 2011. The diagnoses have included chronic intractable pain due to carpal tunnel syndrome and cervical 6 discogenic disease, and cervicgia. Treatment to date has included electrodiagnostic studies, MRI, x-rays, physical therapy, work modifications, nerve blocks/injections, and pain, muscle relaxant anti-epilepsy, and non-steroidal anti-inflammatory medications. On December 12, 2014, the treating physician noted the injured worker complained of continued right upper shoulder and neck pain. The injured worker had greatly decreased his opiates greatly, and still was not able to perform any physical work with the right upper extremity without it causing pain. The physical exam revealed pain with motion of the right shoulder and increased muscle spasms of the right thoracic area, down to the levator area. The right shoulder was tight and diffusely tender with decreased range of motion. Sensation and deep tendon reflexes were normal. There was bilateral cervical paraspinal tenderness, greater on the right. On December 26, 2014 Utilization Review modified a prescription for Carisoprodol 350mg three time a day as needed #120, noting the injured worker has been using the medication on a chronic basis since at least May 2013, and the guidelines do not support chronic use of this medication. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Carisoprodol 350 mg, three times a day as needed # 90 with three refills, prescribed on 12/12/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma  
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**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient has been using the medication since at least May 2013 without any clear documentation of functional or objective improvement. There is no justification for prolonged use of Carisoprodol. The retrospective request for Carisoprodol tablet 350mg is not medically necessary.