

<b>Case Number:</b>	CM15-0115755		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	06/15/2004
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 46 year old male who sustained an industrial injury on 06/15/2004. Current diagnoses include low back pain, status post global fusion in 2008, and abscess infection posterior left thigh. Previous treatments included medications and lumbar surgery. MRI on 4/27/15 shows a history of fusion of L3-S1 with disc protrusion above the surgical fusion site. Report dated 06/01/2015 noted that the injured worker presented with complaints that included ongoing low back pain, and ongoing increased pain, non-radiating over the surgical incision. Current medication regimen includes Norco, OxyContin, Cymbalta, gabapentin, Elavil, Viagra, Soma, and Lunesta. Pain level was not included. Physical examination was positive for moving very slowly, and decreased range of motion in all planes. The treatment plan included dispensing Norco and Neurontin, a written prescription for OxyContin CR, continue Cymbalta, Elavil, Soma, and Lunesta, spine surgeon consultation, and follow up in one month. It was noted that the injured worker was currently not working. Documentation submitted supports that the injured worker has been prescribed Soma (carisoprodol) since at least 12/15/2014 with no change in dosage or frequency. Disputed treatment is carisoprodol 350 mg, #120 (refills 2).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350 mg #120 (refills: 2): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Carisoprodol (Soma) Page(s): 29, 63-66.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. Recommendation is for non-sedating muscle relaxants for treatment of acute exacerbations in patients with chronic low back pain. Carisoprodol (Soma) is not recommended for longer than a 2-3 week period. Documentation provided supports that the injured worker has been prescribed carisoprodol (Soma) for greater than five months, there is no documentation submitted to support reducing pain or increasing function with the use of this medication. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Per the MTUS, Soma is categorically not recommended for chronic pain and has habituating and abuse potential. Therefore the request for carisoprodol 350 mg #120 (refills: 2) is not medically necessary.