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| <b>Case Number:</b>   | CM15-0117321 |                              |            |
| <b>Date Assigned:</b> | 06/25/2015   | <b>Date of Injury:</b>       | 06/13/2014 |
| <b>Decision Date:</b> | 07/24/2015   | <b>UR Denial Date:</b>       | 06/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/17/2015 |

### 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: California  
 Certification(s)/Specialty: Family Practice

### 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 47 year old male, who sustained an industrial injury on 6/13/2014. Diagnoses include shoulder impingement, lateral epicondylitis, lumbar radiculopathy and internal derangement of knee NOS. Treatment to date has included diagnostics, surgical intervention (discectomy L4-5 in 2012), physical therapy, medications including Soma, Norco, naproxen and Omeprazole and chiropractic treatment. Per the Primary Treating Physician's Progress Report dated 6/01/2015, the injured worker reported worsened lower back pain. Physical therapy was denied. He continues to have pain in the entire lower back with numbness and tingling in the right lower extremity. Physical examination of the lumbar spine revealed spasm and tenderness in the paraspinal muscles. The plan of care included medication management and authorization was requested for Carisoprodol 350mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg (1 twice daily), #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Weaning of Medications Page(s): 29, 124.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Carisoprodol. In general, these guidelines state that Carisoprodol 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 (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with Tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas) & (5) as a combination with codeine (referred to as Soma Coma). In this case, the records indicate that the patient is concurrently taking an opioid. As noted in the above-cited guidelines, the combination of Carisoprodol and an opioid is associated with increased risk and the potential for abuse. Further, the records indicate that Carisoprodol is being used as a long-term treatment strategy for this patient. As noted in the above-cited guidelines, Carisoprodol is not recommended for long-term use. For these reasons, Carisoprodol is not medically necessary.