

<b>Case Number:</b>	CM15-0124115		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: North Carolina  
 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 8/26/2009. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, degeneration of lumbar/lumbosacral intervertebral disc, lumbar post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified, spasm of muscle, and unspecified myalgia and myositis. Treatment to date has included diagnostics, lumbar spinal fusion in 2010, massage therapy, and medications. On 6/03/2015, the injured worker noted no significant changes since prior visit and stable pain on current medications. His hip pain remained the same and he was able to ride his motorcycle. His sleep was adequate, also noting poor sleep quality due to pain, despite using a sleep aid. He reported that he used 2 Soma in the morning and 2 at night, stating it's the only thing that worked. Average pain was rated 4-5/10, mood 4-5/10, and function 3-4/10. Urine toxicology (3/10/2015) was reported as consistent with prescribed medications. He was retired. Current medications included Ambien, Celebrex, Exalgo ER, Norco, Soma, and Voltaren gel. The treatment plan included continued medications, including Soma, noting failed Flexaril and Baclofen. The previous progress note (5/05/2015) noted that Zanaflex was working so far in the evening, and he was able to decrease Soma from four times daily to three times daily. The use of Soma was noted since at least 7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #90 per 6/1/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.