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| <b>Case Number:</b>   | CM15-0176168 |                              |            |
| <b>Date Assigned:</b> | 09/17/2015   | <b>Date of Injury:</b>       | 09/16/1997 |
| <b>Decision Date:</b> | 10/20/2015   | <b>UR Denial Date:</b>       | 08/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 67 year old male, who sustained an industrial injury on 9-16-97. The injured worker was diagnosed as having inflammatory spondylopathy. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5-19-15 indicated the injured worker was in the office and the provider documents "Work related injury resulting in aggravation of his spondyloarthropathy with subsequent fusion of his cervical, thoracic and lumbar spine." The provider notes, "He remains very stiff, very limited, but remains quite positive. He is able to joke about things that he has made mistakes. He has lot of things happening in his personal life, which he has been able to overcome and his disease what it had done to him and he is determined to live a life without becoming a burden on himself." The current medications are listed and noted by the provider as: "1) Hydrocodone 10-325mg. 2) Soma 350mg. Patient was not seen by my assistance and monitored in terms of his pain, medications that he is taking, and whether he is getting from other sources and there is a short brief characters as well." The provider notes objective: "Musculoskeletal: Loss of range of motion of the thoracic spine with subsequent loss of range of motion of the thoracic ribcage. Got decreased range of motion of his hips and external crepitus of range of motion of his knees, still ambulates and .....back, but clearly not with much energy and at a slow pace." The provider's assessment notes: 1) most concern that he is totally fused his spine and has a very little motion in his thoracolumbar spine for breathing purposes. 2) Deal with some psychological issues at next visit, reviewing his medications and his.....psychologically. Hydrocodone 10-325mg one q 3h and his Soma is 350mg one at bedtime. He is also on glyburide, bupropion, Fluoxetine,

trazodone, clonazepam, and Lisinopril. The treatment pal indicates no changes. The provider notes he is "functioning well". There were no other records submitted for review. A Request for Authorization is dated 9-8-15. A Utilization Review letter is dated 8-26-15 and non-certification was Carisoprodol Tab 350mg Day Supply #30, # 90, Refills #4. Utilization Review denied Carisoprodol as requested for not meeting the CA MTUS Guidelines stating "there is a lack of data to support therapy with Soma for the listed medical diagnosis." The provider is requesting authorization of Carisoprodol Tab 350mg Day Supply: 30 quantity: 90 Refills: 04.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Carisoprodol Tab 350mg Day Supply # 30, Qty # 90, Refills # 04: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

**Decision rationale:** The claimant has a remote history of a work injury in September 1997 and is being treated for an aggravation of his spondyloarthropathy and spinal ankylosis. When seen, he remained stiff and limited. There was loss of range of motion in the spine and hips. He had knee crepitus and was ambulating slowly. Medications included Norco and Soma. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite is and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma was not medically necessary.