

<b>Case Number:</b>	CM15-0066959		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	07/08/2002
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old female, who sustained an industrial injury on July 8, 2002. She has reported neck pain and lower back pain. Diagnoses have included cervical spine radiculopathy, lumbar spine radiculopathy, and cervical spine discogenic disease. Treatment to date has included medications, transcutaneous electrical nerve stimulation unit, lumbar epidural steroid injection, physical therapy, and activity modification. A progress note dated February 22, 2015 indicates a chief complaint of neck pain and lower back pain. The treating physician documented a plan of care that included medications and chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with neck and low back pain. The request is for Carisoprodol 350mg #60. There is no RFA provided and the patient's date of injury is 07/08/02. Diagnoses have included cervical spine radiculopathy, lumbar spine radiculopathy, and cervical spine discogenic disease. Per 01/22/15 report, physical examination revealed pain with extension and rotation of the lumbar spine. Straight leg raise test positive in the left lower extremity. Exam of the neck revealed limited range of motion with pain that radiates into the left upper extremity across the C6-7. Medications include Soma, Anaprox, Prilosec, Norco, and Zanaflex. The patient is permanent and stationary. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The request IS / IS NOT medically necessary. Treater has not provided a reason for request. MTUS recommends Soma only for a short period. Soma was first prescribed to the patient per treater report 01/22/15. The urine toxicology administered 01/27/15 was consistent with prescribed medications. MTUS recommends the use of Soma for no longer than 2-3 weeks. The request is not within MTUS guidelines and therefore, is not medically necessary.