

<b>Case Number:</b>	CM15-0069873		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	04/14/1998
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 female, who sustained an industrial injury on 04/14/1998. The injured worker sustained multiple injuries secondary to a motor vehicle accident that was work related. The injured worker was diagnosed as having ulnar entrapment, neuropathy of the bilateral upper limbs, substance related disorder, substance use disorder, depressive disorder, anxiety disorder not elsewhere specified, sleep disorder noted as primary insomnia, and personality disorder. Treatment to date has included electromyogram with nerve conduction velocity of the bilateral upper extremities, psychiatric evaluation, laboratory studies, and medication regimen. In a progress note dated 03/24/2015, the treating physician reports complaints of musculoskeletal pain to the neck, upper, middle, and low back along with pain to the right lower and hip. The injured worker also has associated symptoms of numbness and tingling to the bilateral lower extremities, upper and middle back, bilateral wrists and hands, and weakness to the all of the above listed regions. The documentation provided did not contain the recent request for Carisoprodol with the quantity of 30 and no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol Tab, 350 mg (Day Supply: 10) Qty: 30 Refills: 00: Upheld**

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

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

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, there is no documentation of muscle spasms, cramping or trigger points that require treatment with a muscle relaxant. There is no justification for prolonged use of Carisoprodol. The request for Carisoprodol tablet 350mg 30 is not medically necessary.