

<b>Case Number:</b>	CM14-0025946		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/23/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of August 23, 2007. Thus far, the applicant has been treated with analgesic medications; attorney representations; opioid therapy; adjuvant medications; earlier lumbar fusion surgery; earlier cervical fusion surgery; subsequent cervical hardware removal; cervical disk replacement surgery; shoulder arthroscopy; and total knee arthroplasty. In a utilization review report dated February 7, 2014, the claims administrator approved a request for Percocet, denied a request for Soma, and approved a request for Lyrica. In a February 11, 2014 progress note, the applicant was described as having issues with hypertension status post myocardial infarction. Plavix and Tenormin were endorsed. The attending provider complained that authorization compensability issues were preventing the applicant from receiving his blood pressure lowering medications. In an earlier note dated February 12, 2013, it was acknowledged that the applicant was using Tenormin, Soma, Lexapro, and Norco. The applicant's work status was not furnished. In a medical-legal evaluation dated April 30, 2013, the applicant was given a 25% whole person impairment rating. On January 31, 2014, Carisoprodol, Lyrica, and Percocet were renewed via a request for authorization form. The applicant's work status, once again, was not stated. The applicant was given diagnosis of chronic low back pain status post failed lumbar spine surgery. The applicant reported 8/10 pain, reportedly worsened as a result of activity and walking. The applicant's ability to perform self-care, personal hygiene, ambulation, and other activities of daily living was reportedly diminished, despite ongoing medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISOPRODOL 350MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using Percocet, an opioid agent. Adding Carisoprodol or Soma to the mix is not indicated. Therefore, the request is not medically necessary.