

<b>Case Number:</b>	CM13-0024024		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	04/12/2008
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

### 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 represented California Departments of Park and Recreation employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 12, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar laminectomy and foraminotomy; attorney representation; muscle relaxants; trigger point injections; epidural injections; facet blocks; chiropractic manipulative therapy; and extensive periods of time off of work. An earlier October 29, 2012 progress note is notable for comments that the applicant is off of work, on total temporary disability. In a utilization report of August 29, 2013, the claims administrator denied a request for Soma. The applicant's attorney later appealed. An earlier progress note of August 28, 2013 is notable for comments that the applicant underwent recent epidural steroid injection. The applicant is on Morphine for pain relief. The applicant's medications list also includes Neurontin, Norco, and Lidoderm. The applicant is also on Soma and Lunesta, it is further noted. An artificial disk replacement surgery, home TENS unit, and chiropractic treatment are endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol (Soma) 350mg, #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29.

**Decision rationale:** No, the request for Carisoprodol or Soma is not medically necessary, medically appropriate, or indicated here. 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, particularly when used in combination with other medications. The combination of other analgesics and Soma is not recommended. This combination has been known to cause euphoria and abuse. In this case, this applicant is using numerous other opioid and non opioid analgesics, including Morphine, Norco, etc. Adding Soma to the mix is not indicated. Therefore, the request is not certified.