

<b>Case Number:</b>	CM13-0024464		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/23/1997
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. 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 pain syndrome associated with an industrial injury that took place on June 23, 1997. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, topical compounds, and extensive periods of time off of work; the patient is currently on total temporary disability. On August 16, 2013, clinical notes state that the applicant had three failed back surgeries with residual myofascial pain and radicular pain. CT scanning of the lumbar spine, Norco, and Soma are endorsed while the applicant remains off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Soma 350mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended for chronic or long-term use, particularly when used in conjunction with opioid medications. In this case, the applicant is using several opioid medications, including Oxycontin and Norco. Adding Soma to the mix is not indicated. It is

further noted that the applicant has failed to experience any lasting benefit or functional improvement through prior usage of Soma, as evinced by her remaining off of work, on total temporary disability. Therefore, the request is not certified.