

<b>Case Number:</b>	CM13-0028512		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/08/2007
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 patient is 60 year old male with a DOI of 10/8/2007 with a diagnosis of displacement of lumbar disc with myelopathy, lumbago and other symptoms referable to the back. The patient complains of low back pain, with tenderness and spasm of L3-L5 paraspinal muscles with decreased range of motion. The patient has had RFA on the right and left side which relieved the severity of the back pain. There is a note dated June 12, 2013 stating the PTP was to discontinue Soma. In that note, there was no tenderness or spasm noted on exam. There is an appeal dated 10/14/13 from a different PTP stating the patient takes soma 7-10 times a month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg/d #30:** Upheld

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

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

**Decision rationale:** CA MTUS does not recommend soma for use as a muscle relaxant. There are inconsistent records indicating the patient has muscle spasm. In addition, MTUS does not recommend long term use of muscle relaxants. The original PTP had discontinued use of this

medication. There are no current records indicating the specific need for this medication. The appeal letter does state the patient has spasms and alternate medications may be appropriate. Currently, as this medication is not recommended by guidelines, it is not appropriate.