

<b>Case Number:</b>	CM13-0033324		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Family Practice, 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 a 44-year-old male who reported an injury on 03/10/2009. The patient is currently diagnosed with post-laminectomy syndrome and opioid-type dependence. The patient was seen by [REDACTED] on 09/20/2013. The patient reported ongoing lower back pain with radiation to the bilateral lower extremities. Physical examination revealed limited lumbar range of motion, tenderness to palpation, bilateral lumbar paraspinal muscle spasm, positive straight leg raise, decreased strength, and diminished sensation in the bilateral L5 and S1 dermatomes. Treatment recommendations included continuation of current medication included Norco, Neurontin, Soma, Diclofenac XR, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 tablets of Soma 350mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 and 124.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with

chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient does demonstrate palpable muscle spasm. However, guidelines do not recommend long-term use of this medication. Documentation of any functional improvement with previous use of this medication was not provided. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.