

<b>Case Number:</b>	CM13-0038655		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/30/2010
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 37-year-old male who sustained a work related injury on September 30, 2010. The patient's diagnoses include cervical and lumbar strain, degenerative disc disease, discogenic pain, rule out left carpal tunnel syndrome, and erectile dysfunction. Subjectively, the patient reported complaints of pain to the lumbosacral spine which the patient rated 9/10. Objectively, the patient had intact motor strength, decreased sensation, absent patellar tendon reflexes, a positive straight leg raise, and decreased range of motion. The patient's medications included Norco 10/325 mg and Soma 350 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Carisoprodol 350mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines do not recommend the use of Soma due to its habit forming properties. Additionally, should the medication be prescribed, it is not intended for long term use. The clinical information submitted

for review indicates that the patient has been on the requested medication since at least February 2013. The clinical provided lacks objective documentation of medication efficacy to warrant the continued use of the requested medication. Given the lack of documentation submitted for review and lack of recommendation by guidelines, the request for Prospective Carisoprodol 350mg #120 is non-certified