

<b>Case Number:</b>	CM13-0038836		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/11/2001
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Anesthesiologist, has a subspecialty in Pain 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 a 59-year-old male who reported an injury on 07/11/2001. The mechanism of injury was not provided in the medical record. The patient's diagnoses include depressive disorder not otherwise specified with anxiety which is ICD-9 code 311.00 and psychological factors affecting medical condition which is ICD-9 code 316.00. The most recent clinical documentation is medication management report dated 06/21/2013. The prescriptions that were provided were for Atarax 25 mg 1 tablet twice a day as needed, Prilosec 20 mg 1 tablet twice a day, Soma 350 mg 1 tablet twice a day as needed, trazodone 590 mg 1 to 3 tablets at bedtime as needed, and Vicodin 7.5/750 mg 1 tablet twice a day as needed. This report also stated that without the provision of major tranquilizers, the patient would likely remain unable to concentrate sufficiently to maintain emotional functioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** 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:** Per California MTUS, the requested medication, Soma, is not recommended for long-term use. Soma is commonly prescribed for muscle spasms and there is no current documentation or evidence of muscle spasms or acute exacerbations of chronic low back pain. The patient has been taking the requested medication for an extended length of time and due to the lack of documentation of the effects of this medication, or any documentation stating the patient is having exacerbations of chronic low back pain or any muscle spasms, the request for Soma 350 mg is non-certified..