

<b>Case Number:</b>	CM13-0039509		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/07/2002
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 expert 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 48-year-old female who sustained a work related injury on 06/07/2002. The injury occurred while she was washing dishes in the kitchen where she worked. She had a slip and fall; she hit a large metal table with her hips and then landed on the floor on both knees injuring her lower back, hip and bilateral knees. Soon afterward, she developed avascular necrosis (AVN) of her right hip and has been diagnosed with stage 3 AVN of her left hip. Since then she has complained of burning and achy pains that are occasionally sharp along the region of her lumbar scar that between a 4-9/10 with a 5/10 as the typical normal of her pain level. She has nearly constant left hip pain that is at the same pain level as her lumbar region. Her left hip and back pain makes sleeping difficult because she wakes several times throughout the night. On exam, she has appreciable decreased lumbar range of motion, moderately to severely hypertonic bilateral piriformis, Iliotibial band and hamstrings. She has a history of L3-L5 interbody and posterolateral fusion, laminectomy with pedicle screw fixation in July of 2012. This was opened several times because of infection. She has a history of right knee arthroplasty with 4 separate revisions because of both infection and due to bone graft did not take. She had a right hip arthroplasty in October of 2011. Her current pain management consists of Vicodin, Soma and Lidocaine cream. According to the provided medical documentation, the patient has been taking Soma continuously since April of 2013 and quite possible even longer. At dispute is the decision for prescription of soma 350mg twice daily as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Soma 350mg twice a day as needed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 29. Decision based on Non-MTUS Citation ODG Pain (Chronic), Carisoprodol (Soma).

**Decision rationale:** Carisoprodol (Soma) is not recommended or indicated for long-term use and is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both Carisoprodol and meprobamate, both of which act on different neurotransmitters. Primarily because Soma is FDA approved for short term ACUTE pain in musculoskeletal conditions is the reasoning for denying this request. Aside from that, I found no evidence of functional improvement directly attributable to her medication use documented since April of 2013. The request is not medically necessary at this time.