

<b>Case Number:</b>	CM13-0045024		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/11/2003
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Orthopedic Surgery, 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 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 claimant is a 54 year old female who reportedly suffers from chronic low back pain following lumbar surgery as well as right hip degenerative joint disease and associated labral tear as it relates to a vocationally related injury from March 11, 2003. The request is to determine the medical necessity of Soma with 6 refills. The records reflect the claimant has been on this medication chronically. The records also reflect there was an adverse determination returned from a recent review. Of note the PR2 from October 2013 states that following discontinuation of the medication the claimant reportedly complained of increased spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350 MG, #10 WITH 6 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain 2009 Guidelines state Soma would not be reasonable and appropriate for use in a chronic setting. As such the MTUS Chronic Pain Guidelines would not support six refills for the continued medications for this individual. The

MTUS Chronic Pain Guidelines do point out that dependency can develop in claimants who have used this medication in the long term and as such this medication should be weaned in that setting. Therefore, in this setting a small amount of Soma provided could be considered reasonable and appropriate as part of a weaning program that may allow the claimant to be tapered from this medication. As such its utilization in that setting would be only for short term management of weaning program as this medication cannot be supported over the long term in this setting. The MTUS Chronic Pain Guidelines do not support the use of muscle relaxants on a chronic basis and the request for six refills cannot be supported. 1 Prescription of Soma 350 mg #10, with 6 refills is not medically necessary and appropriate.