

<b>Case Number:</b>	CM13-0049790		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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:

This is a 56 year old male with date of injury 01/08/2002; mechanism of injury is that the patient reportedly was hit by a car walking across a parking lot and multiple injuries stemming from this occurred; the accident was determined to be work related. Shortly after the injury, a bulge in the left lower quadrant of the abdomen was noted; knee and back surgeries related to the injury followed. There have been objective findings of tenderness along the lumbosacral spine, significant thoracic kyphosis, decreased lumbar lordosis, and scoliosis. Medications listed are Norco 10/325mg, Soma 350mg, Ambien 10mg (frequencies not provided). Surgical history includes L4-5 and L5-S1 laminectomies, medial facetomies, and foraminotomies, T12-L1 and L1-2 fusions, and L1 anterior wedge compression fracture. The patient is also status post three knee surgeries in 2010. Diagnostic studies include unofficial CT with myelogram and MRI of lumbar spine in 2012. The patient has reportedly used an extension lock splint brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for Soma 350mg #120 is non-certified. The CA MATUS Guidelines state that Carisoprodol (Soma®) is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. 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. This includes the following: 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. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Currently there are no current significant deficits provided in clinical information. There is a lack of objective improvement as a result of this medication. As such, the request for Soma 350mg #120 is not medically necessary and appropriate.