

<b>Case Number:</b>	CM13-0053273		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/27/2006
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 47 male with an injury date of 2/27/06. Based on the 6/20/13 progress report provided by [REDACTED], the patient complains of persistent low back pain with radicular symptoms to his left lower extremity. He rates his pain as a 9/10. The patient's diagnoses include lumbar myoligamentous injury with associated facet joint hypertrophy, herniated nucleus pulposus at L4-5 and L5-S1 with central and foraminal stenosis, left lower extremity radiculopathy, reactionary depression/anxiety, coronary artery disease, status post coronary stents on Plavix, uncontrolled severe hypertension, three-level positive provocative discography, and status post coronary bypass graft at three vessels as of 11/20/12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA®); MUSCLE RELAXANTS Page(s): 29; 63-66.

**Decision rationale:** According to the 6/20/13 report by [REDACTED], the patient complains of persistent low back pain with radicular symptoms to his left lower extremity. The request is for Soma 350mg. The MTUS Chronic Pain Medical Treatment Guidelines do not support the use of Soma for the long-term. A review of the reports show that this patient has been on Soma at least from 1/4/13. As such, the request is not medically necessary.