

<b>Case Number:</b>	CM13-0061258		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/13/1979
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 61 year old male who was injured on 11/13/1979. The mechanism of injury is unknown. Prior treatment history has included Flomax, Tramadol, Viagra, Edex, Hydrocodone, Diclofenac XR and Xoten-C lotion. Diagnostic studies reviewed include X-rays including dynamic flexion and extension views revealed evidence of spondylolisthesis and disc space narrowing at L5-S1 level, dated 12/04/2013. Review of his MRI scan without contrast to the lumbar spine revealed 4-6 mm post disc protrusions and/or extrusions involving the lower three lumbar levels with extruded disc material caudally at L4-L5 and L5-S1, multilevel mild to moderate central canal stenosis, worse at L4-L5, mild degenerative disc disease of these three levels; A 2 mm post disc protrusion at T11-T12; mild to moderate hyperlordosis of the distal lumbar spine and mild levoscoliosis of the mid lumbar spine; and multiple bilateral renal masses. Progress note dated 12/04/2013 documented the patient to be diagnosed with Cervicothoracic strain, L3-4, L4-5 and L5-S1 stenosis with L5-S1 spondylolisthesis, and urethral stricture. On follow up visit 06/20/2013 the patient presented with complaints of increased back and leg pain. He does have a large disc herniation with stenosis. Objective findings on exam revealed the lumbar spine had tenderness over the paralumbar musculature. The patient can flex to 50 degrees and extend to 30 degrees. Straight leg raise test was positive and there was decreased sensation about the L4, L5 and S1 dermatomes. In the subsequent follow up visit dated 10/22/2013, the patient complained of increased back and leg pain. He continued to have numbness and tingling sensations in his legs, right greater than left. Examination of the lumbar spine revealed that he can flex to 40 degrees and extend to 30 degrees. Hamstrings were tight bilaterally. There was decreased sensation about the L4 and L5 dermatomes bilaterally. Soma was prescribed.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**SOMA 350 MG #60:** 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 Chronic Pain Medical Treatment Guidelines state the following regarding Carisoprodol (Soma®), "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 (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects." There is no evidence of muscle spasms on examination. Regardless, Soma is not recommended under the guidelines. Furthermore, chronic and ongoing use of muscle relaxants is not supported by the medical literature, and is not recommended under the guidelines. The request for Soma 350 mg # 60 is not medically necessary and appropriate.