

<b>Case Number:</b>	CM14-0004144		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	08/16/2005
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Occupational Medicine, 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 29-year-old male with an 8/16/05 date of injury. His subjective complaints include low back pain, and objective findings include limited lumbar spine range of motion, positive straight leg raise, decreased sensation over the L5 dermatome, and hyperpigmented macular type of rash over the forearms. The current diagnoses are left lumbar radiculopathy status post surgery and skin rash hyperpigmented macular type, and treatment to date has been medications, including Soma since at least 4/21/09.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350 MG # 45:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CARISOPRODOL (SOMA), 29

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. The MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines states that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of left lumbar radiculopathy status post surgery and skin rash hyperpigmented macular type. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Soma since at least 4/21/09, there is no documentation of the intention to treat over a short course. Furthermore, there is no documentation of functional benefit or improvement. As such, the request is not medically necessary.