

<b>Case Number:</b>	CM14-0007873		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Physical Medicine & 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 reported a date of injury of 12/13/12. The patient complains of low back pain (described as stiffness, soreness, soreness, stabbing and aching) associated with numbness radiating down to the tail bone and gluteal-pelvic region. He has been diagnosed with mechanical back pain and discogenic and facet component with radiculitis. He was temporarily totally disabled. The objective clinical information is very limited in the submitted records. MRI dated 6/25/13 has showed L4-5 5mm disc protrusion and L5-S1 3mm disc complex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG #30 1 PO QHS FOR SPASM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Antispasmodics and.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Anti-Spasmodics Page(s): 65.

**Decision rationale:** Carisoprodol (Soma), is not recommended for use longer than 2-3 weeks period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance, with potential for psychological / physical dependence and abuse. Furthermore, stiffness is not equivalent to muscle spasm and there is little subjective or objective

evidence of muscle spasm. Therefore, the request for Soma 350mg #30 1 PO QHS for spasm is not medically necessary and appropriate.