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| <b>Case Number:</b>   | CM14-0100706 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 05/08/2006 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 06/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2014 |

### 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 Texas and Oklahoma. 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 injured worker is a 59-year-old male who reported an injury on 05/08/2006. The mechanism of injury was not provided for clinical review. The diagnosis include chronic lower back pain, right L5 and S1 radiculopathy, status post right L4-S1 hemilaminectomy with discectomy, caulsalgia right lower extremity, spondylosis with myelopathy. The previous treatments included medication, acupuncture, and surgery. The diagnostic testing included EMG/NCV, x-ray. Within the clinical note dated 06/03/2014, it was reported the injured worker complained of pain which he rated 8/10 to 10/10 in severity. The medication regimen included gabapentin, oxycodone, colace, Voltaren, Soma, pepsid, diazepam, Norco. Upon the physical examination, the provider noted the injured worker to have a slow and right antalgic gait. He noted the injured worker was able to perform the toe heel stand. The provider noted the injured worker was utilizing a back brace. The request submitted is for Soma 350 mg #60 with 3 refills. However, a rationale was not provided for clinical review. The Request for Authorization is not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64..

**Decision rationale:** The request for Soma 350 mg #60 with 3 refills is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in injured workers with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 08/2013 which exceeds the guideline's recommendation of short term use of 2 to 3. Therefore, the request is not medically necessary.