

<b>Case Number:</b>	CM14-0101663		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 42-year-old female with a 7/1/09 date of injury. At the time (6/16/14) of the request for authorization for Soma 350mg #30, there is documentation of subjective moderate-to-severe and constant pain and discomfort in the lumbar spine and bilateral knees and objective tenderness to palpation over the right sacroiliac joint at L5-S1 of the lumbar spine, range of motion of the lumbar spine is decreased, straight leg raising is positive with radiation of pain to the right thigh that causes spasm as well, decreased dermatomal sensation at the right L5-S1 dermatome. Injured workers current diagnoses include lumbar spine sprain/strain, status post lumbar spine surgery x 2, mild levoscoliosis at L4-5, pseudo-sacralization at L5-S1, and disc herniation of 5.0 mm at L4-5, and treatment to date is an ongoing use of Soma. There was no documentation of acute muscle spasms, functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance and/or a reduction in the use of medications with use of Soma, and the intention to treat over a short course (less than two weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 47-48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**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 definitions 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 ODG identifies 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 lumbar spine sprain/strain, status post lumbar spine surgery x 2, mild levoscoliosis at L4-5, pseudo-sacralization at L5-S1, and disc herniation of 5.0 mm at L4-5. In addition, there was documentation of ongoing treatment with Soma. However, there was no documentation of acute muscle spasms. Furthermore, there is no documentation 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 with use of Soma. In addition, given ongoing treatment with Soma, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg #30 is not medically necessary.