

<b>Case Number:</b>	CM14-0101875		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 63-year-old female who reported an injury on 11/01/2000. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical disc displacement without myelopathy, degeneration of the lumbar spine, stenosis spinal lumbar, lumbar disc displacement without myelopathy, lumbago, and fibromyalgia. Past medical treatment consists of surgery, lumbar epidural steroid injections, facet injections, radiofrequency ablation, physical therapy, medication therapy. Medications consist of fentanyl patches, docusate sodium, pantoprazole, Ambien, Carisoprodol, and Hydrocodone/APAP. The injured worker underwent an MRI of the lumbar spine without contrast at the L4-5. It revealed a 2 to 3 mm central and right paracentral subligamentous disc protrusion. There was mild thecal sac effacement with mild spinal canal stenosis. On 08/25/2004, the injured worker complained of low back pain. Examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine was decreased by 40% with flexion, 50% with extension, and 40% with rotation bilaterally. Sensations were decreased to light touch along the left lower extremity compared to the right lower extremity. Motor strength was 5/5 in the bilateral lower extremities. Straight leg raise was negative bilaterally. Treatment plan is for the injured worker to continue the use of her medications. The rationale was not submitted for review. The Request for Authorization form was submitted on 03/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(retro) Carisoprodol- Soma 350mg #120 DOS 05/05/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29,65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29..

**Decision rationale:** The request for (retro) Carisoprodol- Soma 350mg #120 DOS 05/05/14 was not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Soma. The medication is not indicated for long term or short term use. Soma is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. The submitted report did not indicate that the injured worker had complaints of anxiety. Additionally, the efficacy of the medication was not submitted for review. Given that the MTUS Guidelines do not recommend the use of Soma, the request for (retro) Carisoprodol- Soma 350mg #120 DOS 05/05/14 was not medically necessary.