

<b>Case Number:</b>	CM14-0105972		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/09/2006
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 43 year old male with a work injury dated 11/9/06. The diagnoses include L3/L4 radiculopathy; neck pain; lumbar spine;impingement syndrome; lumbar spine pain; bursae disorder; impingement syndrome. Under consideration is a request for Soma 350mg #120.Per documentation a progress report dated 5/14/14 states that the patient complains of increased low back, cervical spine, and right shoulder pain since last visit. He needs medication refill. The exam reveals an antalgic gait. There is increased pain with lumbar spine and right shoulder range of motion. There is decreased range of motion of the lumbar spine. Dx: 1) L3/L4 radiculopathy. 2) Neck pain. 3) Lumbar spineimpingement syndrome. 4) Lumbar spine pain. The treatment plan included a urine toxicology.Pending nerve study. Pending MRI of right shoulder, cervical spine, and lumbar spine. Requested neurology evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63,65.

**Decision rationale:** Soma 350mg Quantity 120 is not medically necessary per the MTUS Chronic Pain Medical Treatment guidelines. The guidelines state that this medication should not be used for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain. . The patient has been on this medication consistently since Jan. 2014 but there is Soma use documented as well dating back to 2011. Either of these dates exceeds the 2-3 week period of recommended use for this patient who has chronic pain. There is no documentation of significant functional improvement despite being on this medication long term. In light of these reasons, the request for Soma 350mg quantity 120 not medically necessary.