

<b>Case Number:</b>	CM14-0107978		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	09/01/2002
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Occupational Medicine 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 1, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; and muscle relaxants. In a Utilization Review Report dated July 1, 2014, the claims administrator failed to approve a request for Soma 350 mg #180 while approving a request for Elavil. The applicant's attorney subsequently appealed. In an application dated July 8, 2014, the applicant stated that her usage of Soma was only on an as needed basis and occasional. The applicant emphasized that she was not using Soma for euphoria purposes and stated that non-steroidal anti-inflammatory drugs (NSAIDs) were not the only answer in her case. The applicant stated that she was using Soma on an as-needed basis for spasm. In an August 20, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was reportedly brewing beer. It was unclear whether the applicant was doing so for work purposes or for recreational purposes. The applicant was reportedly using zero to seven tablets of Soma monthly. The applicant was also using tramadol, it was acknowledged. 6-7/10 pain without medications versus 0/10 pain with medications was noted. The applicant was nevertheless still smoking. Multiple medications were refilled, including tramadol and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #180:** Upheld

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

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

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently using an opioid agent, tramadol. Adding carisoprodol or Soma to the mix is not recommended, as page 65 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that carisoprodol is not recommended for longer than a two- to three-week window. The request, as written, thus, for 180 tablets of Soma does not conform to MTUS principles and parameters and, furthermore, implies and promotes chronic, long-term, and/or scheduled usage of the same. Therefore, the request is not medically necessary.