

<b>Case Number:</b>	CM14-0010375		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/14/2000
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 55 year old female claimant sustained a work injury on 12/14/2000 resulting in chronic back pain. She has a diagnosis of lumbar disc displacement with myelopathy and underwent a laminectomy. She subsequently developed post-laminectomy syndrome. Her pain had been managed with Norco, Neurontin, Soma and Celebrex. An exam report on 12/17/13 indicated that her pain was 7/19 with Oxycontin and 10/10 without. She was continued on another month of Soma for muscle spasms along with other analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The guidelines indicate that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol 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. Abuse has been noted for sedative and relaxant effects. In this case, the Soma was requested to be continued for a prolonged length of time in combination with opioids. There is an increased risk of heroin-like effect and addiction. Continued use of SOMA is not medically necessary.