

<b>Case Number:</b>	CM14-0013485		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/21/2004
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 patient is a 46-year-old male who has submitted a claim for cervical foraminal stenosis, left-sided L5-S1 disc herniation and mild left median neuropathy, associated with an industrial injury date of June 21, 2004. Medical records from 2010 through 2013 were reviewed. The latest progress report, dated 11/22/2013, showed persistent low back and right leg pain. It was associated with significant headaches. Physical examination revealed cervical paraspinal muscle tenderness and bilateral trapezius muscle tenderness. There was tenderness about the insertion of the paraspinal muscles at the occiput. Range of motion was restricted. The patient can flex to a point where his chin was within one fingerbreadth of his chest and extend to 30 degrees. There was lumbar paraspinal muscle tenderness, muscle spasm and guarding. He can flex to 40 degrees and extend to 30 degrees. There was decreased sensation at the L5 dermatome on the right. Toe and heel walk were normal. Treatment to date has included acupuncture, epidural steroid injections and medications such as Norco since 2008 and Soma since November 2013. Utilization review from 01/03/2014 modified the request from the purchase of Soma 350mg #60 to Soma 350mg #20 in order to initiate downward titration and complete discontinuation of medication as long-term use was not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

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

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

**Decision rationale:** As stated on pages 29 & 65 of California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. It is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the patient has been using Soma as early as November 2013, which is beyond the recommended 2 to 3 week period. Furthermore, patient is likewise on Norco, which is not recommended to be used in conjunction with Carisoprodol as it has a high potential for abuse. Therefore, the request for SOMA 350MG #60 is not medically necessary.