

<b>Case Number:</b>	CM14-0015707		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/04/2007
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Anesthesiology, has a subspecialty in Pain management and is licensed to practice in Tennessee. 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 58-year-old male who has submitted a claim for left sciatic nerve injury and left sacroiliitis associated with an industrial injury date of January 4, 2007. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the low back, left hip, neck, and gluteal areas. Physical examination revealed tenderness and painful range of motion the lumbar spine. Motor strength of left lower extremity was rated 3/5. Treatment to date has included epidural steroid injection, physical therapy, and medications such as tizanidine, Lunesta, Lyrica, Celebrex, Norco, Cymbalta, and Soma. Utilization review from January 23, 2014 modified the request for Soma 350 mg into #30 for weaning purposes because long-term use was not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 305MG #30 TO ALLOW WEANING:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** As stated on page 29 of California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. 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, patient has been on carisoprodol since July 2013. However, there is no documentation concerning pain relief and functional improvement derived from its use. The present request is for weaning purpose since patient has been started on tizanidine last December 2013. Therefore, the request for SOMA 305MG #30 to allow weaning is medically necessary.