

<b>Case Number:</b>	CM14-0117127		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/24/1992
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Practice 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:

52 yr. old male claimant sustained a work injury on 11/24/92 involving the low back. He was diagnosed with degenerative disk disease of the lumbar spine with radiculopathy. He had been on NSAIDs and SOMA since at least 2013 for pain control. A progress note on 6/17/14 indicated the claimant had continued 8/10 back pain. Physical findings were notable for reduced range of motion of the lumbar spine. The treating physician continued Soma 350 mg daily along with topical Voltaren gel and an MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg # 30 with 2 refills:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Soma (Carsiprodolol ) is not recommended. This medication is not indicated for long-term use. Carsiprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. . Carisoprodol abuse has also been noted in

order to augment or alter effects of other drugs. Based on the long-term use of Soma, continued 8/10 pain and the above guidelines, continued SOMA use is not medically necessary.