

<b>Case Number:</b>	CM14-0119095		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/08/1995
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 injured worker is a 70-year-old male with an injury date on March 8, 1995. The patient has chronic low back pain, lumbar post laminectomy syndrome and myalgia. The patient is taking Norco and Soma according to progress notes. The disputed request is for Soma #120 with one refill. A utilization review determined this request is not medically necessary, as there was no indication of objective muscle spasms present on physical exam to support the need for the Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma #120 with 1 refill:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states; Carisoprodol, Soma, Soprodol, and Vanadom are not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a controlled substance. As requested in this case, the prescription for carisoprodol is for a longer term than recommended by

guidelines. The request as written is for a two-month supply with one refill. The guidelines do not recommend the long-term use of this medication and this request is not medically necessary.