

<b>Case Number:</b>	CM14-0122762		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/06/1989
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Geriatrics and is licensed to practice in New York. 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 53 year old man with a date of injury of 4/6/89. He was seen by his primary treating physician on 6/11/14 with complaints of upper and lower back pain. He was mobile with a cane and remained depressed and anxious. His medications and his trigger point injections were said to be helping his pain. His physical exam showed restricted range of motion in his cervical spine (slight to moderate) while lumbar and thoracic range of motion were moderately retriected. He had multiple myofascial trigger points and taut bands in the paraspinal and gluteal muscles. L5-S1 sensation were decreased in the left dermatome areas. His diagnoses included status post cervical spine surgery with radicular features in right upper extremity, chronic myofascial pain syndrome, thoracolumbar spine, right shoulder injury with internal derangement, opioid tolerance, mild to moderate right carpal tunnel syndreme and early left carpal tunnel syndrome, peripheral sensory neuropathy, diabetic. At issue in this review is the prescription of soma. Length of prior therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90 with 5 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 Page(s): 29, 63-66.

**Decision rationale:** With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 6/14 fails to document any significant improvement in pain, functional status or side effects to justify ongoing use. The records do not support medical necessity for the soma prescription.