

<b>Case Number:</b>	CM14-0125963		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	08/27/1999
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 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:

According to the records made available for review, this is a 45-year-old male with an 8/27/99 date of injury. The request for authorization is dated 07/16/2014 and is for Soma 350mg QTY #180. The subjective findings are persistent low back pain and neck pain. Objective findings were not specified. The injured worker's current diagnoses include chronic low back pain; status post lumbar fusion L4-L5 and L5-S1 in 2004; fusion from S1 to sacroiliac joints in 2007; hardware removal on 1/19/10; chronic left shoulder pain; status post left arthroscopic shoulder surgery, 2007; chronic right shoulder pain; history of arthroscopic right shoulder surgery x 2; surgery on 3/6/09; and neck pain with upper extremity symptoms. Treatment to date is medications, including ongoing treatment with Soma since at least 12/4/13. The medication is noted to help significantly with muscle spasms in the low back and allows him to increase his activities and perform household chores. There is no documentation of acute muscle spasms and short-term (less than two weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg QTY #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain; status post lumbar fusion L4-L5 and L5-S1 in 2004; fusion from S1 to sacroiliac joints in 2007; hardware removal on 1/19/10; chronic left shoulder pain; status post left arthroscopic shoulder surgery, 2007; chronic right shoulder pain; history of arthroscopic right shoulder surgery x 2; surgery on 3/6/09; and neck pain with upper extremity symptoms. In addition, given documentation that Soma helps significantly with muscle spasms in the low back and allows him to increase his activities, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Soma use to date. However, there is no documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Soma since at least 12/4/13, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg QTY #180 is not medically necessary.