

<b>Case Number:</b>	CM14-0135460		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	07/07/2004
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Neurological Surgery 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 records presented for review indicate that this 35-year-old gentleman was reportedly injured on July 7, 2004 while venting houses causing subsequent back pain. The most recent progress note, dated July 24, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated tenderness of the spinous processes from the occiput down to the trapezius. There was decreased range of motion with pain of both the cervical and lumbar spine. Diagnostic imaging studies of the cervical spine shows mild disc desiccation at C5 - C6 and C6 - C7. There was a right-sided disc protrusion at C5 - C6 indenting the thecal sac. There was a disc protrusion at C6 - C7 causing right-sided neural foraminal narrowing. An MRI the lumbar spine reveals disc degeneration and moderate facet hypertrophy at C3 - C4. Previous treatment includes physical therapy, chiropractic care, lumbar facet blocks, lumbar epidural steroid injections, and oral medications. A request had been made for soma and was not certified in the pre-authorization process on August 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg 1 PO BID #60 for 30 days (brand name only): 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.

**Decision rationale:** Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. Also, The California Medical Treatment Utilization Schedule (MTUS) specifically recommends against the use of soma and indicates that it is not recommended for long-term use. The most recent progress note does not indicate that there are exacerbations of pain nor are there muscle spasms noted on physical examination. As such, this request for Soma is not medically necessary.