

<b>Case Number:</b>	CM14-0151306		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Preventive 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 59-year-old female with a 3/13/12 date of injury. At the time (8/14/14) of request for authorization for Soma 350mg, #30, there is documentation of subjective (lumbar spine pain) and objective (tenderness over the right sacroiliac joint) findings, current diagnoses (low back pain), and treatment to date (facet injection, SI (sacroiliac) joint injection medial nerve injection, and acupuncture). There is no documentation of acute muscle spasms or acute exacerbations of chronic low back pain and Soma used as a second line option.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #30:** Upheld

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

**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:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term

use. 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 a diagnosis of low back pain. However, there is no documentation of acute muscle spasms or acute exacerbations of chronic low back pain. In addition, there is no documentation of Soma used as a second line option. Furthermore, despite documentation of the request for Soma 350mg, #30, there is no (clear) documentation of short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg, #30 is not medically necessary.