

<b>Case Number:</b>	CM14-0153651		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	09/15/1999
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 59-year-old man who sustained a work related injury on September 15, 1999. Subsequently, he developed chronic low back and neck pain. According to an evaluation report dated July 8, 2014, the patient complained of neck pain, which he stated is constant 8/10 at its worst. The pain radiated to bilateral upper extremities and hands with numbness and tingling in hands. The patient also reported constant low back pain that she rated as a 9/10 at its worst. The pain radiated to bilateral left greater than right lower extremities to the feet, the numbness and tingling was in the feet. Examination of the cervical spine revealed negative Spurling's, negative L'Hermitte's. No guarding. No spasms. Tenderness was in the paraspinal muscles. Restricted range of motion. Examination of the lumbar spine revealed negative straight leg raise. Negative Fabere's. no guarding. No spasms. Tenderness was in the paraspinal muscles. Restricted range of motion. Able to walk on toes and heels but causes pain. In a progress report dated August 12, 2014, the patient continued to complain of neck and back pain with radicular symptoms. On examination, motor strength was 5/5 in the upper and lower extremities. Reflex was 2+. Sensory exam was decreased left C6 and left L5 dermatome. The patient was diagnosed with chronic neck pain and chronic low back pain. The provider requested authorization to use Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60 with 1 refill:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient has no clear evidence of recent spasm or exacerbation of back pain. There is no justification for use of Soma. The request for SOMA is not medically necessary.