

<b>Case Number:</b>	CM14-0175203		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	11/12/2002
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 58-year-old male with a cumulative date of injury between 1999 and November 14, 2002. He complains primarily of low back pain. There have not been any surgeries. Recent physical examinations have revealed normal flexion and extension of the lumbar spine with bilateral paraspinal muscle tenderness and a positive facet loading test. The diagnoses include lumbar radiculopathy, chronic pain syndrome, lumbar facet syndrome, and depression. The injured worker has been treated with high-dose opioids, Ibuprofen and the muscle relaxant Soma since at least April 2014. The documentation reflects nearly constant pain scores of 5/10 with relief given by pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, 1 every hour as needed, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Carisoprodol (Soma)

**Decision rationale:** Soma is an FDA-approved medication for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. Carisoprodol (Soma) is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a Schedule-IV controlled substance). As of January 2012, carisoprodol is scheduled by the DEA as a Schedule IV medication. (DEA, 2012) It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It is not indicated for long term use. In this instance, Soma has been prescribed continuously for at least the last 7 months. It appears that the frequency of Soma was reduced from every 8 hours on September 12, 2014 21 daily as needed on October 13, 2014. It is not clear if that was in response to a utilization review which suggested a modification or not. The injured worker's overall pain level has not changed for at least the last 6 months. The length of time of the continuous prescription for Soma exceeds current recommendations by the referenced guidelines and therefore Soma 350mg, 1 every 8 hours as needed, #90, is not medically necessary.