

<b>Case Number:</b>	CM14-0178337		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/02/2005
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Internal 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:

The patient is an injured worker with the diagnoses was cervical spine spondylosis and lumbar spine herniated disk. Date of injury was July 2, 2005. Primary treating physician's progress report dated October 6, 2014 documented subjective complaints of pain in the cervical spine and lumbar spine. The pain can be severe at times. He has pain with increased activity levels and prolonged positions. He has numbness and tingling for both lower extremities. He has radiating pain extending in the lower extremities. The patient states that he is experiencing 7 out of 10 level of pain for his neck and back. He has limitation in his activities of daily living. He states that the medications help reduce his symptoms. Objective findings were documented. Cervical spine flexion and extension measured 20 degrees. There was tenderness over the paravertebral musculature and trapezial musculature with spasm present. Lumbar spine tenderness and spasm are palpable over the paravertebral musculature bilaterally. Neurologic examination upper extremities were normal for motor, reflex, and sensory. Lower extremities were normal for motor, reflex, and sensory. Straight leg raising test produced pain in both thighs. Diagnoses were cervical spine spondylosis and herniated disk lumbar spine. Treatment plan included a request for Soma (Carisoprodol).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma (Carisoprodol) 350mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants Page(s): 29, 63-65.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Medical records indicate the long-term use of Soma (Carisoprodol), which is not supported by MTUS guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS Chronic Pain Medical Treatment Guidelines state that Soma (Carisoprodol) is not recommended. MTUS and ACOEM guidelines do not support the use of Soma (Carisoprodol). Therefore, the request for Soma (Carisoprodol) 350mg #60 is not medically necessary.