

<b>Case Number:</b>	CM14-0181304		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/15/10. She continues to be treated for low back, abdominal and right foot pain. She was seen by the requesting provider on 03/21/14. Medications included topical creme and Soma, which was being taken at night. At the previous visit she had received an injection for plantar fasciitis with excellent pain relief. Physical examination findings included lumbar spine tenderness with decreased and painful range of motion. She had right plantar fascia tenderness. Soma was refilled. She was to follow-up in six months. She was to continue a home exercise program. On 09/22/14 she was having back pain, abdominal discomfort, and right lateral hip pain. Physical examination findings included moderate right trochanteric bursa tenderness with painful lumbar spine range of motion. Soma and Prilosec were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for low back, abdominal, and right foot pain. Soma is being prescribed on a long-term basis. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Continued prescribing is not medically necessary.