

<b>Case Number:</b>	CM14-0186194		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Occupational 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:

This patient is a 66 year old male who developed chronic lumbar pain subsequent to an injury dated 7/1/05. He is described to have pain 5/10 - 9/10 visual analog scale (VAS) with radiation into the right lower extremity. He obtains good relief from his pain medications. He is current treatment consists of oral analgesics Gabapentin, Hydrocodone and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 tablets of Soma 350 mg:** 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 Page(s): 29.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines are very specific regarding this issue and do not recommend the use of Carisoprodol (Soma). There are no unusual circumstances to justify an exception to Guidelines. The Soma 350 mg. #90 is not medically necessary.