

<b>Case Number:</b>	CM14-0033580		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 female who reported an injury on 01/31/2003. The mechanism of injury was not provided with the medical records. The clinical note dated 01/13/2014 indicated diagnoses of postlaminectomy syndrome, lumbar region; chronic pain due to trauma; other chronic postoperative pain; and sciatica. The injured worker reported pain in the low back and bilateral leg pain. The described her pain as constant, aching, shooting, stabbing, and throbbing. The injured worker reported her pain radiated to the left lower extremity and right lower extremity, on average rated about 5/10, and was currently 2/10. The injured worker reported bending, going upstairs, going downstairs and increased activity made the pain worse. The injured worker reported difficulty with sleep due to pain. The injured worker reported current medication regimen was managing her pain well with no side effects to report on physical examination. The injured worker was not currently working, and the injured worker was in no acute distress. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Lyrica, Norco, Opana, and Soma. The provider submitted a request for Soma. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospectively Soma 250mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant.

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

**Decision rationale:** This medication is not indicated for long-term use, and is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Abuse has been noted for sedative and relaxant effects. Although the injured worker reported her medication regimen was managing her pain well, there was a lack of functional improvement with the use of this medication. In addition, the documentation submitted did not indicate how long the injured worker had been utilizing Soma. Soma is recommended for short-term use and the injured worker has been prescribed Soma since at least 01/13/2014. This exceeds the guideline's recommendation on short-term use. Additionally, the request did not indicate a frequency for this medication. Therefore, the retrospective request for Soma 250mg #60 (DOS: 2/11/14) is not medically necessary and appropriate.