

<b>Case Number:</b>	CM14-0047561		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/09/1998
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 54year-old male smoker who reported an unknown injury on 03/09/1998. On 09/13/2013, he complained of increasing lower back pain. His lumbar range of motion was restricted due to the pain, and flexion was limited to 63 degrees and extension to 20 degrees. His diagnoses included lumbar radiculopathy, post-lumbar laminectomy syndrome, low back pain, lumbar degenerative disc disease and cervical disc displacement without myelopathy. His medications included Senokot 187 mg, Trazodone 50 mg, Testim 1% 50 mg gel, Colace 250 mg, Ibuprofen 800 mg, Cialis 5 mg, Lyrica 150 mg, Xanax 0.5 mg, Norco 10/325 mg, Soma 350 mg, Duragesic 75 mcg/hr patch and Wellbutrin XL 300 mg. An MRI on 09/03/2013 revealed adjacent segment degenerative disc disease at L2-3 and status post an L3-S1 fusion. There was no rationale for the request contained in the submitted documentation. The Request for Authorization dated 03/04/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60 related to lumbar spine, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** Per the California MTUS Guidelines, Soma is not recommended. This medication is not indicated for long-term use. Soma is a commonly prescribed, centrally-acting skeletal muscle relaxant whose primary active metabolite is meprobamate, a schedule IV controlled substance. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for its sedative and relaxant effects. For regular abusers, the main concern is the accumulation of meprobamate. Soma abuse has also been noted in order to augment or alter the effects of other drugs. This includes Hydrocodone, which yields an effect that some abusers claim is similar to heroin. The injured worker is concurrently taking Hydrocodone. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety and ataxia when abrupt discontinuation of large dosing occurs. Additionally, there was no frequency of administration included in the request. Therefore, this request for Soma 350 mg #60 is not medically necessary.