MAXIMUS Federal Services

| Case Number: | CM14-0062664 | | |
|---|---|---|---|
| Date Assigned: | 07/11/2014 | Date of Injury: | 10/09/2009 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

## 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 Interventional Spine 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 a 37-year-old male with an injury date of 10/09/09. The 04/16/14 progress report by [redacted] states that the patient presents with lower back pain rated 7/10. The pain is constant, can increase to a sharp shooting pain and radiates into the bilateral buttocks. Prior physical therapy provided minimal or temporary relief. Palpation of the lumbar facets elicits facet tenderness. Palpation of bilateral quadratus lumborum and erector spinaie muscles revealed spasming and twitching of the muscle belles with point tenderness at various points. The patient's diagnoses include Degenerations of lumbar or lumbosacral intervertebral disc and Spinal stenosis, lumbar regions without neurogenic claudication. The 04/16/14 report by [redacted] reports current medication as: Soma, Relagen, Methadone Hydrochloride, Oxycodone, Celebrex, and Oxycontin. The provider is requesting for Soma 350 mg one tablet 3 times Daily x90. The utilization review date being challenged is dated 04/25/14. The rational is that the medication is not medically necessary; however, due to the nature of the drug weaning is recommended. Treatment reports were provided from 10/25/13 to 04/16/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG ONE TABLET 3 TIMES DAILY X 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 29, 65.

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

**Decision rationale:** The patient presents with lower back pain rated 7/10. The provider, [redacted], requests for Soma 350 mg x90. The 04/16/14 progress report states the start date of this medication as 11/19/13. The MTUS guidelines page 29 state that Carisoprodol (Soma) is not recommended and is not indicated for long-term use. The MTUS Guidelines pages 63-66 state that this formulation is recommended no longer than a 2 to 3 week period. No discussion was made in the reports provided as to why this medication was needed longer than guidelines allow. The MTUS Guidelines does not allow long-term use of Soma. Therefore, the request is not medically necessary.