

<b>Case Number:</b>	CM14-0073388		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 and is licensed to practice in Alabama. 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 61-year-old male who was injured on 11/20/2007 when he fell 12 feet. Past medication history included Atenolol, Lyrica, Neurontin, Naprosyn, Soma, Vicodin, Prilosec, Simvastatin, and Caduet. Progress notes dated 02/20/2014 documented the patient to have complaints of moderate to severe low back pain and tailbone pain radiating down right leg. He rated his pain as 6/10 and symptoms are constant and aggravated by prolonged sitting and standing. The pain is alleviated with medications. On exam, the patient is noted to be overweight with a body mass index of 37.97 and a weight of 280 lbs with a height of 72 inches. The patient is diagnosed with peripheral neuropathy, low back pain, and obesity. The patient's medications were refilled and included Lyrica, Soma, Naprosyn, and Vicodin. Prior utilization review dated 05/10/2014 states the request for Soma is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma:** 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 Pain, Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), current online as of 9/2014, Low back disorders, muscle relaxants.

**Decision rationale:** The above MTUS guidelines state that Carisoprodol is "not recommended. This medication is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects." The above ODG guidelines state that for low back disorders, muscle relaxants are "recommended as an option in acute cases of moderate to severe LBP. OK for acute spasms." In this case, there is documentation that the patient has been on Carisoprodol since 1/7/13 and ongoing. Aside from them being "not recommended" by MTUS guidelines, there is no indication from progress note on 2/20/14 that there has been acute flare-up of pain, rather the note states "these symptoms have been present since Nov 20th 2007- symptoms are constant." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.