

<b>Case Number:</b>	CM14-0076197		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2014

### 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, 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 injured worker is a 30-year-old female who reported an injury on 05/24/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/23/2014 indicated diagnoses of low back pain and lumbar radiculopathy. The injured worker reported low back pain that radiated down her right leg constantly described as dull, intermittent, and exacerbated by motion. The injured worker reported it was lessened by rest. The injured worker reported her pain as 8/10. On physical exam, range of motion of the back was restricted. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Flexeril and Norco. The provider submitted a request for Soma. A request for authorization dated 04/23/2014 was submitted for medications; however, rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Opioid Classifications: Short-acting/Long-acting opioids.

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

**Decision rationale:** The request for Soma 350mg #60 is non-certified. The California MTUS guidelines does not recommend Soma. This medication is not indicated for long-term use, and is a commonly prescribed as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, muscle spasms, and centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Abuse has been noted for sedative and relaxant effects. The injured worker is already prescribed a muscle relaxer. It is not indicated why the provider would want the injured worker on another muscle relaxer. In addition, Soma is a second-line option. It is not indicated if the injured worker had tried and failed a first-line option. Moreover, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for acute exacerbations; did not indicate the injured worker had muscle spasms. Furthermore, the request did not indicate a frequency. Therefore, the request for Soma is non-certified.