

<b>Case Number:</b>	CM14-0000563		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Pediatrics

### 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 53 year old male who was injured on 01/29/2007. Mechanism of injury is unknown. The patient is status post L4-5 laminectomy/fusion with instrumentation. Prior treatment history has included medications: Anaprox 550 mg 1 po q 12h, Soma bid, Ultram, Neurontin 300 mg 1 po q 6h, Norco 10/325 mg q 4h prn up to 7 a day, Lidoderm and Protonix. The patient had left S1 epidural steroid injection under fluoroscopy guidance with interpretation of lumbar epidurogram dated 07/18/2013. Progress note dated 06/05/2013 documented the patient is currently on minimal pain medication. He has been through a Detox program before where most of the pain medication was titrated off. Currently, he just returned from [REDACTED] earlier this year to take care of family issues. He recently also became engaged to his fiancée. He is positive and not depressed. He was restarted on medication including small dose of Marco, Prilosec, and Soma with benefit. Progress note dated 12/11/2013 documented the patient to have complaints of failed low back syndrome. He reports aggravation of his left sided low back pain and leg pain with numbness, tingling, and shooting sensation. He also complains of some pain on the right posterior thigh. He has had recent lumbar epidural injection on July 2013. Patient states that it did not help as much as the past injections. He has failed spinal cord stimulator trial in the past. Currently most of his pain is in the bilateral sacroiliac joint. He continues to use Norco, Neurontin, Soma, and Ultram with benefit. This allows him to maintain his ADL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Soma 350mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** This is a 53 yr. old male with a DOI 1/29/2007. Now has diagnosis of failed back surgery (laminectomy/fusion) and a radiculopathy. The patient has been tried on Soma (carisoprodol) for longer than what is recommended. As per CA MTUS Guidelines, Soma (carisoprodol) is a muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. Guidelines limit its use for no longer than 2-3 week period. In this case, this patient is taking Soma since May 2013, which exceeds the guidelines recommendation. As such, the medical necessity has not been established and the request is non-certified. Further as per guidelines weaning process is recommended since withdrawal symptoms may occur with abrupt discontinuation.