

<b>Case Number:</b>	CM14-0188891		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	10/09/1999
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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, 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 55 year old female with an injury date of 10/09/99. Based on the 09/25/14 progress report, the patient complains of pain in her back, hip, legs, and neck. With medications, her pain is an 8/10 and without medications is a 10/10. The 10/24/14 report states that the patient has a slow unsteady wide legged gait with left foot drop noted. She has tenderness at the L2-4 process. There is also tenderness at the lumbar paraspinal muscles with bilateral tension and spasm noted. Lumbar range of motion is limited on flexion. There is tenderness at the bilateral iliac crest, left sacroiliac joint, and bilateral hip joints. The patient's diagnoses include the following: 1.Lumbago 2.Degeneration of lumbar or lumbosacral intervertebral 3.Thoracic or lumbosacral neuritis or radiculitis unspecified 4.Pain in joint involving pelvic region and thigh The utilization review determination being challenged is dated 11/04/14. Treatment reports were provided from 04/28/14- 10/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 MG Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** According to the 09/25/14 report, the patient presents with pain in her back, hip, legs, and neck. The request is for SOMA 350 mg QUANTITY 30. The patient has been taking Soma as early as 04/28/14. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. MTUS recommends requested Soma only for a short period. The patient has been taking Soma as since 04/28/14 and there is no indication if this medication is for short-term use. Long-term use of this medication is not supported by MTUS Guidelines. The request is not medically necessary.