

<b>Case Number:</b>	CM14-0191894		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/16/1989
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 3/16/89 date of injury. At the time (9/30/14) of request for authorization for Soma 350mg #120 1 tablet every 6 hours as needed with 1 refill, there is documentation of subjective (low back pain) and objective (unsteady gait and decreased lumbar range of motion) findings, current diagnoses (lumbar spine pain, degenerative disc disease of the lumbar spine, and sciatica), and treatment to date (medications (including ongoing treatment with Celebrex, Soma, Norco, and Tramadol). There is no documentation of short-term (less than two weeks) treatment; and functional benefit and improvement as an increase in activity tolerance as a result of Soma use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120 1 tablet every 6 hours as needed with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 1-127, 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain). Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar spine pain, degenerative disc disease of the lumbar spine, and sciatica. In addition, given documentation of ongoing treatment with opioids, there is documentation of Soma used as a second line option. However, given documentation of ongoing treatment with Soma, there is no documentation of short-term (less than two weeks) treatment. In addition, there is no documentation of functional benefit and improvement as an increase in activity tolerance as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg #120 1 tablet every 6 hours as needed with 1 refill is not medically necessary.