

<b>Case Number:</b>	CM14-0192057		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	03/02/1992
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/06/2014
<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 Family Medicine and is licensed to practice in Ohio. 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 51-year-old male with a date of injury of March 2, 1992. He has a history of having had a cervical fusion in 1993. He complains of chronic low back pain radiating to the lower extremities. He has had numerous interventional procedures and is thought to have opioid tolerance and hyperalgesia. The physical exam reveals no spasm to the lumbar spine but tenderness to the lumbar paravertebral muscles. The lower extremity neurologic exam is normal. The diagnoses include herniated lumbar disc, lumbar radiculopathy, cervical radiculopathy, and cervical spondylosis. The injured worker had been maintained on Soma 350 mg, 4 times daily, until May 5, 2014. It was seen on June 25, 2014 that the frequency had been increased to 5 times daily. On November 13, 2014 the utilization review physician modified the request for #140 Soma for 28 days to #100 Soma for 28 days and that the treating physician had agreed to this plan. At issue is the original request for Soma 350 mg, #140.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG #140, 1 TAB 5 TIMES DAILY:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

**Decision rationale:** Carisoprodol (Soma) is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a Schedule-IV controlled substance). As of January 2012, carisoprodol is scheduled by the DEA as a Schedule IV medication. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. This medication is not indicated for long-term use. In this instance, the use of Soma has clearly been chronic without a recent attempt to wean the medication. In fact the increase in frequency of administration from 4 times daily to 5 times daily between May and June 2014 seems to defy explanation. As with the opioids for the injured worker, it would seem that weaning of the Soma is also justified. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of withdrawal. Another option is to switch to phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of phenobarbital is 500 mg/day and the taper is 30 mg/day with a slower taper in an outpatient setting. Tapering should be individualized for each patient. Therefore, Soma 350MG #140, 1 tab 5 times daily was not medically necessary.