

<b>Case Number:</b>	CM14-0197572		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	06/26/2003
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, 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:

This patient is a 49 year old male with an injury date of 6/26/03. Work status as of 10/27/14: temporarily totally disabled. Based on the 10/27/14 progress report, this patient continues to "complain of pain in his lower back, which radiates down to both lower extremities" and "neck pain with associated cervicogenic headaches, as well as radicular symptoms to both upper extremities." Back pain is rated at 6/10 and neck pain as 7/10 on his current regimen. Exam of the cervical spine shows tenderness to palpation along the cervical musculature with obvious rigidity noted bilaterally with significant decreased range of motion. Exam of the lumbar spine shows significant tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle rigidity noted along the lumbar paraspinal muscles. Diagnostic studies:- 6/16/11 MRI of lumbar spine shows "at L4-L5 a 10-mm upward disc protrusion indenting the anterior portion of the thecal sac causing about a 40% in the AP diameter."- 6/11/08 Lumbar provocative discography shows "an unequivocally positive provocative discogram at L4-5 greater than L3-4, with a completely negative control at L2-3 and L5-S1." Both discs were tested twice to ensure consistency.- 8/31/05 EMG study of the upper and lower extremities is "consistent with right L5 radiculopathy with mild right carpal tunnel syndrome in the upper limbs." Assessment:- Status post anterior cervical discectomy and fusion C5-6 and C6-7 on 3/15/07- Bilateral upper extremity radiculopathy, improving- Cervical facet arthropathy- Lumbar spine sprain/strain syndrome- Right lower extremity radiculopathy- Positive discogram with annular fissuring at L3-4 and L4-5- Reactionary depression/anxiety- Medication-induced gastritis- Status PLIF at L3-4 and L4-5 on 9/17/11 with [REDACTED] [REDACTED] Hypogonadism and erectile dysfunction, secondary to chronic opiate use- Lumbar St. Jude SCS implant on 4/22/13- Crohn's disease/ulcerative colitis The utilization review being challenged is dated 11/20/14, which modified the original request of #90 to #45, as

"Soma is not recommended, nor indicated for long-term use." The request is for a prescription for Soma 350 mg #90. Provided reports are dated from 5/5/14 to 10/27/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription for Soma 350mg, #90: Upheld**

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

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

**Decision rationale:** This patient presents with 6-7/10 neck pain and lower back pain. He is s/p anterior cervical discectomy and fusion C5-6 and C6-7 on 3/15/07. The treater requests soma 350 mg #90 per report dated 10/27/14. MTUS guidelines do not recommend Soma, nor is the medication indicated for long-term use, as abuse has been noted for sedative and relaxant effects. Furthermore, Carisoprodol abuse has been noted in order to augment or alter effects of other drugs and withdrawal symptoms may occur with abrupt discontinuation. A review of submitted clinical notes from 5/5/14 through 10/27/14 indicates this patient has been taking Soma, with no discussion of a "wean-to-taper-off" schedule. Current medications are: Norco 10/325 mg 6-8 tablets daily, Neurontin 600mg 3-4 tables TID, Anaprox DS 550 mg BID, Prilosec 20 mg BID, Soma 350 mg TID, Medicinal marijuana, Xanax 0.5 mg 1-2 tablets TID, Wellbutrin XL 150 mg BID, Androgel 1% applied daily, Cialis 10 mg 1 table daily PRN, Valium 10 mg at bedtime PRN. Patient reports the "combination of Anaprox, Soma and Lidoderm patch enable him to function on a daily basis." The treater reports that this patient's "medication regimen has been stable," with discussion to slowly decrease Norco and Xanax. Currently, the patient has decreased Norco from 10 to 8 tablets per day and Xanax from 1 mg TID to 0.5 mg, but due to a recent episode of a severe anxiety attack, he has requested to return to the original dosage of 1 mg and to follow-up with his psychiatrist. While attempts have been made to decrease Norco and Xanax, a review of submitted documents indicate a lack of documentation/discussion to initiate a tapering schedule for Soma, which this patient has been taking for more than five months. Furthermore, reported pain levels by this patient have not changed during that period: 6/10 for his lower back and 7/10 for his neck. A refill of Soma does not appear to be a medical necessity; however, due to the possibility of withdrawal symptoms from abrupt discontinuation, a modification in the quantity and schedule is reasonably appropriate, to initiate a tapering schedule for Soma. The request is not medically necessary.