

<b>Case Number:</b>	CM14-0205499		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/23/2004
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Emergency Medicine 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:

Patient with reported date of injury on 6/23/2004. No mechanism of injury was documented. Only diagnosis listed is lumbar pain. Provided Medical reports reviewed. Last report available until 10/22/14. Documentation is poor. Provider has only provided brief summary notes without appropriate complete progress notes. No history of current illness was provided. There is not a single objective exam documented. Provider has refused to wean patient off meds as recommended in prior reviews. Patient is no longer working and "stable" on medications. Patient has complains of low back pain. There is no pain scale. Patient has constipation from medication and dyspepsia.No imaging or electrodiagnostic reports were provided.Current medications include Omeprazole, Relafen, Norco, Nabumetone and Soma. No medication list was provided therefore it is not clear what else the patient may be taking.Independent Medical Review is for Soma 350mg #30.Prior Utilization Review on 11/18/15 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol(Soma) Page(s): 29.

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The poor documentation does not provide any rational justification for continuing this medically inappropriate medication. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.