

<b>Case Number:</b>	CM14-0210703		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	11/25/2005
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 Practice and is licensed to practice in North Carolina. 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 53-year-old with a reported injury date of 11/25/2005. The patient has the diagnoses of lumbar discopathy, lumbar post laminectomy syndrome, depression, left lower extremity radiculopathy, right knee internal derangement, lumbar SCS implant, cervical sprain/strain with radiculitis, possible bilateral carpal tunnel syndrome and gastritis. Per the progress notes provided for review from the treating physician dated 10/23/2014, the patient had complaints of persistent low back pain with radicular symptoms and neck pain with headaches and radicular symptoms. Previous treatment modalities have included lumbar fusion, cervical epidural steroid injections and spinal cord stimulator. The physical exam noted tenderness in the lumbar posterior musculature with increased tone, positive bilateral straight leg raise test, decreased lower extremity strength and bilateral decreased sensation in the L5/S1 distribution. The cervical spine had paraspinal muscle tenderness, decreased grip strength on the left, decreased range of motion and decreased sensation along the posterior lateral forearm on the left as well as the palm on the left. Treatment plan recommendations included acupuncture, continuation of medications, anterior cervical discectomy and fusion and trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg 3 tabs daily #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants..

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states:Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility.However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004)The long term chronic use of this medication is not recommended per the California MTUS. There is no provided documentation to show that the medication has been prescribed for short term use to treat acute flares of chronic low back pain. The medication is generally not indicated for periods greater than 2-3 weeks. In the absence of such documentation, the request is not medically necessary and appropriate.