

<b>Case Number:</b>	CM15-0006343		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 53 year old male who sustained an industrial injury on 2/27/2014. He has reported neck, upper and lower back pain. The diagnoses have included brachial neuritis, headache, myalgia and myositis, lumbar sprain, neck sprain, spinal fusion, lumbosacral neuritis, insomnia, anxiety, exposure to chemicals and depression. Treatment to date has included therapy, home exercises and medication management. Currently, the IW complains of upper and lower back and neck pain. Treatment plan from 6/11/2014 included Soma 350 mg #60. On 12/30/2014, Utilization Review non-certified retrospective review of Soma 350 mg #60, noting the long term use of Soma is not recommended. The Official Disability Guidelines were cited. On 1/7/2015, the injured worker submitted an application for IMR for retrospective review of Soma 350 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Soma (Carisprodol) 350mg #60 (DOS: 6/11/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section

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

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma a long time without clear evidence of spasm or excacerbation of neck and lumbar pain. There is no justification for prolonged use of Soma. The retrospective request for Soma 350mg #60 is not medically necessary.