

<b>Case Number:</b>	CM15-0100698		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	03/27/2002
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34 year old male who sustained a work related injury March 27, 2002. Past history included a fusion L4-L5. According to a treating physician's progress report, dated May 4, 2015, the injured worker presents with low back pain, radiating occasionally up toward the upper lumbar and lower thoracic region. He rates his pain 4-8/10, and is described as burning and stabbing. He has been treated with sacroiliac and trigger point injections to the right and left side, generally every 4 months. He is back to work full-time with restrictions; however, he is able to perform his job with the exception of when he has to stand a lot. The CURES report and urine screen dated 3/9/2015 was compliant. The plan is continued gradual taper of ongoing medication. Physical examination revealed he is 6'1" and 220 pounds, walks with an antalgic gait, and has no untoward pain behavior. Diagnoses are documented as sacroilitis not elsewhere classified; post laminectomy syndrome of the lumbar region; lumbar or lumbosacral disc degeneration; thoracic or lumbosacral neuritis or radiculitis; fasciitis not otherwise specified. At issue, is the request for authorization for Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p29.

**Decision rationale:** The claimant sustained a work-related injury in March 2002 and continues to be treated for radiating low back pain. When seen, pain was rated at 4-8/10. His prior treatments were reviewed. There was a BMI of 29. He had an antalgic gait. Medications included Soma being prescribed on a long term basis. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.