

<b>Case Number:</b>	CM15-0106443		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	03/29/1996
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 59 year old male, who sustained an industrial injury on 03/29/1996. He reported an injury when another vehicle struck his buttocks. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having lumbar disc disease, thoracic or lumbosacral neuritis, pain in knee, sacroiliitis, and post-lumbar laminectomy syndrome. Treatment and diagnostics to date has included lumbar spine fusion, knee surgery with relief, Transcutaneous Electrical Nerve Stimulation Unit was not helpful, lumbar spine MRI which showed bulging discs with mild stenosis, chiropractic treatment did not help, physical therapy, epidural steroid injections, heat/ice, and medications. In a progress note dated 05/07/2015, the injured worker presented with complaints of 10 out of 10 pain level to his low back pain, thoracic back pain, and knee pain. Objective findings include weakness and loss of bladder control. The treating physician reported requesting authorization for Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 MG #90 with 3 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**Decision rationale:** According to the MTUS section on chronic pain muscle relaxants (such as soma) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case the patient has been using Soma for longer than the recommended amount of time. The continued use of soma is not medically necessary.