

<b>Case Number:</b>	CM15-0143969		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	10/23/2000
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 68 year old male who sustained an industrial/work injury on 10-23-00. He reported an initial complaint of neck and low back pain. The injured worker was diagnosed as having cervical spinal stenosis, neurogenic claudication, disc disorder, lumbar neuritis, spinal stenosis L4-5, carpal tunnel syndrome, and depressive disorder. Treatment to date includes medication, nerve root blocks, epidurals, and SCS (spinal cord stimulator). Currently, the injured worker complained of chronic neck and low back pain averaging at 5-8 out of 10. There was sleep disturbance due to pain. Per the primary physician's report (PR-2) on 4-27-15, exam notes range of motion at 45 degrees, extension at 55 degrees, left-right lateral bending at 60 degrees, has muscle spasms, burning pain in left foot with numbness. Neck range of motion is 45 degrees, extension is 55 degrees, lateral bending is 40 degrees. There is tenderness over the bilateral paracervical borders and bilateral paraspinal areas, and positive straight leg raise. The requested treatments include Soma 350mg tabs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg tab 1 tab three times a day PRN for 30 days dispense #90, 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol).

**Decision rationale:** Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is not recommended. This medication is not indicated for long-term use. MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. This patient has been on Soma in excess of 2-3 week period described in guidelines. The request for Soma #90, 1 refill is in excess of the guidelines and weaning should occur. As such, the request for Soma 350mg tab 1 tab three times a day PRN for 30 days dispense #90, 1 refill is not medically necessary.