

<b>Case Number:</b>	CM15-0149345		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 56 year-old male who sustained an industrial injury on 07-15-13. He reported low back pain. The injured worker was diagnosed with lumbar radiculopathy, and displacement of lumbar intervertebral disc L4-L5, and L5-S1. Prior treatments included lumbar surgery, physical therapy, and pain medication management. Currently, the injured worker complains of increased sharp low back, right buttock, and right lower extremity pain. Current diagnoses include degeneration of lumbar intervertebral disc, and lumbar post-laminectomy syndrome. Diagnostic testing and treatment to date has included EMG, psychotherapy, physical therapy, and pain medication management. In a progress note dated 06-25-15, the treating physician reports the injured worker is completing pain psych as well as physical therapy. The injured worker is taking opioid medication and is motivated to discontinue them. Current plan of care is to taper opioid medication. Requested treatments include Soma 350 mg #120. The injured worker is under temporary total disability. Date of Utilization Review: 07-02-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Soma (Carisoprodol).

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

**Decision rationale:** Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The records were evaluated as to the history of medication use, Soma appears to have been in use since at least 1/2015. As this medication is not recommended by MTUS, it is not medically necessary.