

<b>Case Number:</b>	CM15-0161699		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	11/12/1992
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Indiana, New York  
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 11-12-92 when he tried to push open a door he hyper extended his neck noting immediate pain in the neck, shoulder, low back and both wrists. He currently complains of low back with a pain level of 6 out of 10 with medication and 9 out of 10 without medication and lower extremity symptoms mainly but also complains of problems in his neck, shoulders and lower extremity joints. On physical exam of the lumbar spine, there was tenderness and spasm with decreased range of motion and slightly antalgic gait. He is experiencing sleep difficulties. Medications were Oxycodone, Soma that was beneficial per 6-23-15 note. Diagnoses included lumbar fusion with subsequent removal of hardware; intractable lumbar pain; lumbar radiculopathy; chronic cervical pain with radiculopathy; multiple joint complaints; depression; anxiety. Treatments to date include medications with benefit; psychotherapy with benefit. Diagnostics include MRI of the lumbar spine (1-28-14) showing central canal stenosis, disc bulge, degenerative disc and facet joint disease; polysomnography (6-2-15) abnormal. In the progress note, dated 6-23-15 the treating provider's plan of care included a request for Soma 350mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are intractable lumbar pain; lumbar radiculopathy; history lumbar fusion with removal hardware; chronic cervical pain; multiple joint complaints; and depression and anxiety. The date of injury is November 12, 1992. The request for authorization is dated July 27, 2015. Utilization review indicates soma was prescribed as far back as September 11, 2012. The earliest progress note in the medical record containing a Soma prescription is dated January 3, 2014. The most recent progress note dated July 15, 2015 contains prescription for Oxycodone and Soma 350 mg bid. Subjectively, the injured worker has ongoing low back pain that radiates the lower extremities. There is no pain and shoulder pain. Objectively, there is spasm and tenderness in the lumbar spine with decreased range of motion. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider exceeded the recommended guidelines by continuing Soma in excess of three years. The documentation does not demonstrate objective functional improvement to support the ongoing use of soma. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and treatment continued in excess of three years (guideline recommendations for short-term, less than two weeks), Soma 350mg #60 is not medically necessary.