

<b>Case Number:</b>	CM15-0166209		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male, who sustained an industrial injury on 3-15-2010. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, lumbar stenosis, facet hypertrophy of the lumbar spine, and cervical herniated nucleus pulposus. Treatment to date has included diagnostics, cervical spinal surgery in 2011, lumbar spinal surgery in 2012, lumbar epidural injection, and medications. Currently, the injured worker complains of neck and low back pain. Neck pain was rated 7 out of 10 and low back pain was rated 8 out of 10. He reported radiation of pain and numbness down both arms and legs. He reported that his activity level was limited by low back pain. He could only walk about 5 minutes at a time before having increased pain and he was only sleeping 3-5 hours uninterrupted, due to pain. He reported taking Norco (6x per day), Soma (2-4x per day per PR2, 4-5x per day per interval history form), Oxycodone (6-8x per day), and Ambien (2x per day). He also reported anxiety and depression due to persistent pain. Work status was permanent and stationary and he was not working. It was documented that urine toxicology and CURES were appropriate. The treatment plan included the continued use of Soma, with use noted for greater than 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg q6-8 hrs #120 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 of 127.

**Decision rationale:** This claimant was injured in 2010 with lumbar herniated nucleus pulposus, lumbar stenosis, facet hypertrophy of the lumbar spine, and cervical herniated nucleus pulposus. The MTUS notes regarding Soma, also known as carisoprodol: Not recommended, this medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004) Soma is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request is not medically necessary.