

<b>Case Number:</b>	CM15-0181048		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/01/2008
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, California

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 51 year old female with an industrial injury dated 03-01-2008. Medical record review indicates she was being treated for lumbar pain, degeneration of intervertebral disc and lumbosacral radiculopathy. In the progress note dated 08-17-2015, the injured worker presented with lumbar pain. Objective findings are documented as decreased range of motion in the lumbar spine with spasm, tenderness and guarding. Other findings documented was numbness in the bilateral lower extremities over the lumbar 4 dermatome, over the lumbar 5 dermatome and over the sacral 1 dermatome with radiation of pain to the bilateral lower extremities. The treating physician documented work status would be directed by primary treating physician with a recommendation of modified work with restrictions; if restrictions could not be accommodated the injured worker was on temporary total disability for 2 weeks. Medical records do not indicate prior medications or treatments. The progress note dated 08-17-2015 is the only medical record available for review at the time of this review. The treatment plan included Flexeril and Soma. The treatment request is for Soma 350 mg #60 with 5 refills. On 08-28-2015 the treatment request for Soma 350 mg #60 with 5 refills was non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

**Decision rationale:** MTUS states regarding Carisoprodol, "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." ODG States that Soma is "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." Guidelines do not recommend long-term usage of SOMA. The request for Soma 350mg #60 with 5 refills is in excess of guideline recommendations. Treating physician does not detail circumstances that would warrant extended usage. Additionally, the medical documentation indicates this patient is also prescribed Flexeril. As such, the request for Soma 350mg #60 with 5 refills is not medically necessary.