

<b>Case Number:</b>	CM15-0187469		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	05/27/2004
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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  
 Certification(s)/Specialty: Emergency 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 62 year old female, who sustained an industrial-work injury on 5-27-04. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, radicular syndrome, sacroiliitis, insomnia and hip bursitis. Medical records dated (3-31-15 to 8-13-15) indicate that the injured worker complains of chronic back and lower extremity pain rated 4-7 out of 10 on the pain scale. The physician indicates in the medical record dated 7-31-15 that the pain has been elevated the past couple of weeks. The injured worker reports that with use of medications the pain is reduced by 40 percent and she can perform her activities of daily living (ADL). The medical records also indicate worsening of the activities of daily living due to pain. The work status is not noted. The physical exam dated 8-13-15 reveals tenderness to palpation over the lumbar-sacral spine, tenderness at the facet joint, pain with range of motion of the lumbar spine, bilateral sacroiliac joint tenderness, and positive Faber test. There is left hip pain with rotation and tenderness to palpation over the left trochanteric bursae. Treatment to date has included pain medication, Percocet, Clonazepam, Terocin lotion, Ambien and Soma since at least 6-16-15, back surgery, spinal cord stimulator, sacroiliac joint injections, and other modalities. The treating physician indicates that the urine drug test result dated 8-13-15 was consistent with the medication prescribed. The request for authorization date was 8-20-15 and requested service included Soma 350mg, #15. The original Utilization review dated 9-1-15 non-certified the request for Soma 350mg, #15 as not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #15:** 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 rationale:** The requested Soma 350mg, #15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic back and lower extremity pain rated 4-7 out of 10 on the pain scale. The physician indicates in the medical record dated 7-31-15 that the pain has been elevated the past couple of weeks. The injured worker reports that with use of medications the pain is reduced by 40 percent and she can perform her activities of daily living (ADL). The medical records also indicate worsening of the activities of daily living due to pain. The work status is not noted. The physical exam dated 8-13-15 reveals tenderness to palpation over the lumbar-sacral spine, tenderness at the facet joint, pain with range of motion of the lumbar spine, bilateral sacroiliac joint tenderness, and positive Faber test. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350mg, #15 is not medically necessary.