

<b>Case Number:</b>	CM15-0187588		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	01/18/2001
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/20/2015
<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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old male patient, who sustained an industrial injury on January 18, 2001, incurring low back injuries. The diagnoses include status post lumbar laminectomy and discectomy with recurring lumbar disc herniation impinging on the sacral nerve root. Per the doctor's note dated 8/5/2015, he had complaints of severe low back pain shooting down the left leg rated 4 out of 10 with medications and 10 out of 10 without pain medications on a pain scale from 1 to 10. The physical examination revealed antalgic posture, loss of light touch and pinprick sensation in the right lateral calf and bottom of his foot, absent right Achilles reflex and 4/5 strength in the right thigh flexor. The medications list includes Norco, Naprosyn and soma. He has undergone a lumbar surgical laminectomy and discectomy. Treatment included pain medications, muscle relaxants, swim therapy, anti-inflammatory drugs, and activity restrictions. The treatment plan that was requested for authorization on September 23, 2015, included a prescription for Soma 350 mg, #60. On August 20, 2015, a prescription for Soma was denied 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:** 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), Muscle relaxants (for pain).

**Decision rationale:** Soma 350mg #60, According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS chronic pain guidelines do not recommend soma for long-term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. The response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of muscle spasm in the recent notes is not specified in the records provided. The medical necessity of Soma 350mg #60 is not established in this patient at this time. Therefore, the request is not medically necessary.