

<b>Case Number:</b>	CM15-0190129		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/28/2006
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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, Illinois

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:

This is a 54-year-old female with a date of industrial injury 8-28-2006. The medical records indicated the injured worker (IW) was treated for osteoarthritis of spinal facet joint. In the progress notes (9-2-15), the IW reported low back pain rated 4 to 5 out of 10 with medications and 6 to 8 out of 10 without them. She reported her medications, activity restrictions and rest keep her pain manageable so she can complete her activities of daily living including walking, shopping and light household chores. Bilateral medial branch blocks at L4-5 and L5-S1 on 3-31-14 also provided 80% relief of her pain. Her medications included Flexeril as needed, Ibuprofen 800mg three times daily as needed, Soma 350mg (since at least 2-2015) at bedtime and Norco 10-325mg. On examination (9-2-15 notes), neck and knee pain was recorded as stable, post cervical fusion and knee replacement. The cervical spine was tender to palpation with tightness and restricted range of motion. The lumbar spine was moderately painful with motion and range of motion was restricted; she was unable to perform extension. Spurling's and facet loading were both positive. The notes stated her back pain was beginning to have an effect on her family relationships, work, concentration, mood, sleeping pattern and overall functioning. Treatments included physical therapy, home exercise, stretching, NSAIDs, ice and heat, all with some benefit. A Request for Authorization dated 9-2-15 was received for Soma 350mg #24. The Utilization Review on 9-17-15 modified the request for Soma 350mg #24.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription of Soma 350mg #24: 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): Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on 8-28-2006. The medical records provided indicate the diagnosis of osteoarthritis of spinal facet joint. Treatments have included Medial branch block, Flexeril as needed, Ibuprofen 800mg three times daily as needed, Soma 350mg (since at least 2-2015) at bedtime and Norco 10-325mg. The medical records provided for review do not indicate a medical necessity for 1 Prescription of Soma 350mg #24. Soma (Carisoprodol) is a muscle relaxant that is recommended not to be taken for longer than 2-3 weeks. The MTUS recommends the non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records indicate the long-term use of these muscle relaxants, including Soma that was used in 02/2015, later replaced with Flexeril until this visit. There is no indication the medication is being used for acute exacerbation. Therefore, the request is not medical necessary.