

<b>Case Number:</b>	CM15-0190416		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/04/2015
<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: Arizona, 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:

The injured worker is a 51 year old male, who sustained an industrial injury on 4-19-12. The injured worker was diagnosed as having lumbar disc herniation, lumbar disc degeneration and radiculopathy. The physical exam (2-16-15 through 7-29-15) revealed 9-10 out of 10 pain and loss of normal lumbar lordosis. Treatment to date has included physical therapy and chiropractic treatments (number of sessions and dates of service not provided). Current medications include Norco and Carisoprodol (since at least 2-16-15). As of the PR2 dated 8-27-15, the injured worker reports ongoing lower back pain. He indicated that medications relieve pain by 50%. Objective findings include midline lumbosacral tenderness, a positive seated straight leg raise test and loss of normal lumbar lordosis. There is no documentation of current pain level. The treating physician requested Carisoprodol 350mg #90. On 8-31-15 the treating physician requested a Utilization Review for Carisoprodol 350mg #90. The Utilization Review dated 9-4-15, non-certified the request for Carisoprodol 350mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol Tab 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone (Norco) for several months which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.