

<b>Case Number:</b>	CM15-0195691		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 55 year old male, who sustained an industrial injury on 4-26-2012. Medical records indicate the worker is undergoing treatment for low back pain, lumbar degenerative disc disease, thoracic back pain, muscle pain, lumbar spondylosis, lumbar facet joint pain, lumbar disc displacement and chronic pain. A recent progress report dated 9-15-2015, reported the injured worker complained of mid back pain, low back pain and shoulder pain rated 7 out of 10 without medication and 2 out of 10 with medication. He noted functional improvement with medication including home exercise program, cooking, cleaning and caring for his home. Physical examination revealed lumbar paraspinal tenderness with "full range of motion" and palpable spasm and tenderness in the periscapular region. Treatment to date has included lumbar epidural steroid injection, lumbar facet injections, chiropractic care, physical therapy, Norco (since at least 3-4-2014), Motrin and Soma (since at least 8-29-2014). The progress notes stated the urine drug screen and CURES report were consistent with one prescriber and only the prescribed medications. On 9-18-2015, the Request for Authorization requested Norco 10-325mg #60 and Soma 350mg #150. On 9-25-2015, the Utilization Review noncertified the request for Soma 350mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg qty 150.00: 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:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. 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. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail); & (5) as a combination with codeine (referred to as Soma Coma). (Reeves, 1999) (Reeves, 2001) (Reeves, 2008) (Schears, 2004) (Owens, 2007) (Reeves, 2012) There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. Hospital emergency department visits involving the misuse of carisoprodol have doubled over five years, study shows. In this case, the exam notes demonstrate the worker has been taking Soma since at least 8/29/14. The guidelines do not recommend long term use. In addition, the guidelines do not recommend combining Soma with Norco. Therefore based on the guidelines, the request is not medically necessary.