

<b>Case Number:</b>	CM15-0195973		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/27/1999
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<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: California, Oregon, Washington  
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 46 year old male injured worker suffered an industrial injury on 8-27-1999. The diagnoses included chronic low back pain, lumbar fusion, chronic right and left shoulder pain and neck pain with upper extremity symptoms. On 9-8-2015, the treating provider reported neck, back and shoulder pain. He reported the back pain is causing most of the problems. He noted with medications he was able to drive for 3 to 4 hours, walking for 40 minutes longer and exercising longer. On exam, there was tenderness over the cervical and lumbar spine. Soma had been in use at least since 1-22-2015. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of functional improvement specifically with Soma. Prior treatment included Norco, Relafen, and Neurontin. The Utilization Review on 9-25-2015 determined modification for Soma (#90 with 1 refill) Qty: 180.00 to 68.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma (#90 with 1 refill) Qty: 180.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

**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. In this case, the exam note from 9/8/15 does not demonstrate prior response or functional improvement to Soma. In addition, the guidelines do not recommend long-term use. Therefore, the request is not medically necessary.