

<b>Case Number:</b>	CM15-0206764		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	03/20/1996
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 75 year old male, who sustained an industrial injury on 3-20-1996. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc degeneration, lumbar disc displacement, lumbar radiculopathy, insomnia, medication related dyspepsia, chronic pain, status post bilateral knee replacement, hypertension, and morbid obesity. On 9-11-2015, the injured worker reported low back pain that radiated down the left lower extremity with numbness frequently in the left lower extremity and tingling in the left lower extremity with frequent muscle spasms in the low back, and lower extremity pain bilaterally, with insomnia. The Primary Treating Physician's report dated 9-11-2015, noted the injured worker rated his pain as 9 out of 10 in intensity on average with medications since the previous visit, 10 out of 10 in intensity without medications since the previous visit, with the injured worker's pain noted to be worsened since the previous visit with frequent medication associated gastrointestinal (GI) upset. The injured worker reported ongoing limitations in activities of daily living (ADLs) due to pain. The injured worker reported home exercise program (HEP), H2-blocker, muscle relaxant, opioid pain, and sleep aid medication was helpful with time until pain relief 30 minutes, pain relief from each medication lasting 4 hours, and least reported pain since the previous assessment 4 out of 10. Soma was noted to be very helpful with spasms, noted to be on a stable dose for "several years". The injured worker was noted to have had multiple pain flare-ups in the previous month missing more than 14 days in the past month due to pain. A CURES report was noted to have no inconsistencies. The physical examination was noted to show the injured worker in moderate distress with a slow, antalgic gait. The lumbar

spine was noted to have spasm at L4-L5 with tenderness to palpation in the paravertebral area and in the bilateral buttock, with moderately to severely limited range of motion (ROM), and significantly increased pain with flexion and extension. The bilateral knees were noted to have tenderness to palpation. The Physician noted there had been an interval worsening-change in the injured worker's condition over 2-month period. The treatment plan was noted to include continuation of a home exercise program (HEP), and continuation of current medications of Norco, Temazepam, Omeprazole, and Soma, prescribed since at least 4-18-2011. The request for authorization dated 9-30-2015, requested Soma 350mg #90 with 2 refills. The Utilization Review (UR) dated 10-7-2015, non-certified the request for Soma 350mg #90 with 2 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg #90 with 2 refills:** 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), Muscle relaxants (for pain).

**Decision rationale:** The claimant has a remote history of a work injury in March 1996 when he slipped and fell on a boarding ladder while working as a pilot. He is being treated for low back and bilateral lower extremity pain. He has a history of bilateral total knee replacements. When seen, pain with medications was rated at 9/10. Medications were causing gastrointestinal upset. Mobic, baclofen, and gabapentin were not longer being taken as they were ineffective. Physical examination findings included appearing in moderate distress. There was a slow and antalgic gait. There was moderate to severely limited lumbar range of motion with pain. There was tenderness with spasms. Medications were continued. Soma had been prescribed for several years with stable dosing and was very helpful with spasms. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.