

<b>Case Number:</b>	CM15-0208754		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	08/28/2005
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 65 year old female who sustained an industrial injury on 8-28-05. The medical records indicate that the injured worker was being treated for acute radiculopathy down the right leg with L4-5 disc herniation causing severe bilateral neural foraminal stenosis; recent right sided stroke causing left sided weakness; cerebrovascular accident. She currently (9-10-15) complains of back pain (the 7-27-15 note indicates back pain with radicular pain to the right leg); she needs a walker for ambulation; she has weakness that is residual from her stroke. She suffered a right sided stroke causing left sided weakness between 6-15-15 and 7-27-15 per 7-27-15 documentation. The physical exam (9-10-15) revealed back pain; good range of motion of the knees; significant deconditioning. The physical exam of the left knee dated 7-27-15 revealed full range of motion with some left sided weakness; back pain with radicular pain down the right leg. Treatments to date include right total knee arthroplasty (10-25-12); left total knee arthroplasty (3-17-15); medications: Norco, Soma (since about 7-27-15 and was given this medication while hospitalized for her stroke), Flexeril which was not helpful, Medrol dose pack, Lidoderm patches; physical therapy; walker. In the 9-10-15, progress note the treating provider's plan of care includes a request to refill Soma. On 9-22-15 Utilization Review non-certified the request for carispradol (Soma) 350mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol (Soma) 350mg #90:** Upheld

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

**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) which increases side effect risks and abuse potential. The use of Soma is not medically necessary.