

<b>Case Number:</b>	CM15-0020351		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/01/2007
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Maryland

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

### 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 54 year old male, who sustained a work/ industrial injury on 4/1/07. Mechanism of injury was not reported. He had symptoms of lower back pain radiating to the bilateral lower extremities with tingling sensation in both feet. Prior medical history was not documented. Prior surgeries and procedures included lumbar fusion at L4-5, 2 epidural steroid injections at L4-5 and L5-S1, bilateral radiofrequency ablation of the medial branch nerves at L3, 4, 5 on 4/2014. The diagnoses have included lumbar disc disease. On 12/11/14, there was continued lower back pain and stiffness with radicular pain, neck pain radiating to the left shoulder. He is using a cane for ambulation. There is limited range of motion of the lumbar spine in all directions with trigger points and spasms in the paravertebral, quadratus lumborum, gluteus medius and maximus, and piriformis muscles bilaterally. Straight leg raise was negative. Medications were Methadone, Cymbalta, and Soma. On 1/16/15, Utilization Review modified Soma 350mg Qty 60 to Soma 350 mg # 54, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Pain (chronic)

**Decision rationale:** Soma 350mg spasms quantity 60 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term dating back to May of 2014. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma 350mg is not medically necessary.