

<b>Case Number:</b>	CM15-0028110		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Utah, Arkansas  
 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 was a 41 year old female, who sustained an industrial injury, November 12, 2009. According to progress note of January 8, 2015, the injured workers chief complaint was back pain. The physical exam noted lumbar spine range of motion extension 10 degrees, twisting right 45 degrees and left 55 degrees with pain bilaterally with midline tenderness. Positive left radiculopathy on the left. The injured worker was diagnosed with low back syndrome, S1 syndrome, shoulder arthralgia/joint pan, left hip pain, neck pain cervicalgia, lumbar radiculopathy, anxiety disorder and left cervical strain/sprain. The injured worker previously received the following treatments random toxicology laboratory studies, S1 joint injection, Norco, Soma, physical therapy, opioid safety program completed, EMG/NCS (electromyography and nerve conduction studies) negative, left knee arthroscopic surgery and home exercise program. On January 8, 2015, the primary treating physician requested authorization for a prescription for Soma 350mg one every 8 hours #90. On February 3, 2015, the Utilization Review denied authorization for a prescription for Soma 350mg one every 8 hours #90. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #90 (prescribed 01/08/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page 41-42, 63-66.

**Decision rationale:** MTUS guidelines state the following: Soma is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Soma requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Soma is not indicated a medical necessity to the patient at this time.