

<b>Case Number:</b>	CM15-0034554		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Texas, 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:

This is a 51-year-old male patient, who sustained an industrial injury on February 1, 2007. The diagnoses have included lumbar degenerative disc disease with radiculopathy, and urinary incontinence. He sustained the injury while reconnecting an INW head to an INW bar lift. Per the progress note dated 12/31/2014, he had complaints of low back pain and right leg pain with numbness. The physical examination revealed normal gait, pain in right L4 and L5 and left L5 distribution, 5/5 strength in bilateral lower extremities; positive straight leg raising test bilaterally. The medications list includes Norco, soma and Lyrica. He has been utilizing Soma 350mg since at least September 2014. He has had diagnostics studies including CT scan of the lumbar spine, which showed successful fusion from L2-S1 per visit, noted dated 08/20/2014. He has undergone lumbar fusion on 12/20/2013. He has had physical therapy and occupational therapy for this injury. On February 11, 2015, Utilization Review modified certification of Soma 350mg, on daily, #15 with no refills. The MTUS guidelines were cited. On February 19, 2015, the injured worker submitted an application for IMR for review of Soma 350mg, one daily, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg 1 every day (QD) #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29, Muscle relaxants (for pain), page 64.

**Decision rationale:** According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS chronic pain guidelines do not recommended soma for long-term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response to simple NSAIDs like ibuprofen or naproxen without muscle relaxants is not specified in the records provided. Evidence of muscle spasm or acute exacerbation is not specified in the records provided. The medical necessity of Soma 350mg 1 every day (QD) #30 is not established in this patient at this time.