

<b>Case Number:</b>	CM15-0040451		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	05/27/2004
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old female who sustained an industrial injury on 05/27/2004. Current diagnoses include lumbago, radicular syndrome (thoracic/lumbosacral), sacroilitis, insomnia, and hip bursitis. Previous treatments included medication management, epidural injections in the back and hip, lumbar surgery, spinal cord stimulator implantation x2, physical therapy, chiropractic therapy, and acupuncture. Report dated 12/16/2014 noted that the injured worker presented for follow-up status post spinal cord stimulator revision on 12/09/2014. Physical examination was positive for abnormal findings. The treatment plan included multiple medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with low back pain radiating to lower extremity rated at 4-6/10. The request is for SOMA 350MG #60. The request for authorization is not provided. She notes the pain is affecting her quality of life. She has difficulty performing her daily activities. Patient's medications include Percocet, Clonazepam, Terocin, Soma and Ambien. She notes improved sleep with the medications. She denies any other side effects with the medications. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per progress report dated, 02/03/15, treater's reason for the request is "for severe muscle spasms." MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Patient is prescribed Soma since at least 10/09/14. Furthermore, the request for additional Soma quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.