

<b>Case Number:</b>	CM15-0042073		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 35 year old male, who sustained an industrial injury on 11/21/2013. He reported falling down steps and feeling immediate pain in his lower back. The diagnoses have included L1 transverse process fracture, L4-L5 disc herniation and lumbar spinal sprain. Treatment to date has included physical therapy, chiropractic manipulation and medication. Per the secondary treating physician's evaluation dated 12/17/2014, the injured worker complained of back pain and occasional pain radiating to the right buttock and hip. Exam of the lumbosacral spine revealed +2-3 lumbar paraspinous muscle spasm. The treatment plan for was an anterior lumbar fusion. There was tenderness to palpation of the lumbar paraspinous muscles. According to the progress report dated 2/5/2015, the injured worker noted no improvement in his condition. He continued to have restricted range of motion of his lumbar spine. He was taking Norco for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Soma 350mg #60 (DOS 02/04/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

**Decision rationale:** The patient was injured on 11/21/2013 and presents with lumbar spine pain. The retrospective request is for SOMA 350 mg #60 (date of service: 02/04/2015). There is no RFA provided and the patient is to remain temporarily totally disabled. There is no indication of when the patient began taking this medication nor do any of the reports mention it. MTUS chronic pain medical treatment guidelines page 63-66 states, Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period. This has been noted for sedative and relaxant effects. There is no mention of the patient having any spasm in the progress reports provided. The patient has restricted range of motion of the lumbar spine and is diagnosed with L1 transverse process fracture, L4-L5 disk herniation, and congenitally small canal. MTUS recommends a request for Soma for no more than 2 to 3 weeks. In this case, the treater has requested for 60 tablets of Soma. It is unknown when the patient began taking this medication or if it is for a short term use, as indicated by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.