

<b>Case Number:</b>	CM15-0047808		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	07/30/1997
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: 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 66 year old female, who sustained an industrial injury on 7/30/97. The injured worker has complaints of neck and low back pain. The diagnoses have included chronic strain/sprain of the cervical spine over spondylosis and chronic strain/sprain of the lumbar spine with degenerative disc disease. The documentation noted that the injured worker is noting functional improvement and improvement in pain with her current medication regimen. The requested treatment is for soma for muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, 30 tablets, no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with neck and low back pain. The request is for Soma 350 mg, 30 tablets, with no refills. The diagnoses per RFA dated 01/26/15 included chronic

strain/sprain of the cervical spine over spondylosis and chronic strain/sprain of the lumbar spine with degenerative disc disease. Current medications per 02/23/15 report include Soma and Norco. The patient is permanent and stationary. 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. In this case, the provider states, "prescribed Soma 350mg QHS #30 without refill per modification guidelines." MTUS recommends Soma only for a short period. Soma has been included in patient's medications per provided reports 10/21/14 through 02/23/15. MTUS recommends the use of Soma for no longer than 2-3 weeks. The request is not within MTUS guidelines and therefore, IS NOT medically necessary.