

<b>Case Number:</b>	CM15-0055079		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 61 year old male, who sustained an industrial injury on 10/13/2011. He has reported injury to the low back, right leg, and right hip. The diagnoses have included lumbago; and degenerative joint disease right hip. Treatment to date has included medications and diagnostic studies. Medications have included Naprosyn, Norco, and Soma. A progress note from the treating physician, dated 03/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; right hip pain with restrictive range of motion; and medications are helping with the pain. Objective findings included right hip range of motion severely limited; and positive straight-leg-raising. The treatment plan has included the request for prescription medications including Soma 350 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** This 61 year old male has complained of low back pain and right hip pain since date of injury 10/13/11. He has been treated with physical therapy and medications to include Soma since at least 11/2014. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not medically necessary.