

<b>Case Number:</b>	CM15-0058138		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old male, who sustained an industrial injury on September 25, 2014. The injured worker reported back and abdominal pain. The injured worker was diagnosed as having lumbar disc disease, bilateral lower extremity radicular pain and possible knee-mediated pain. Treatment and diagnostic studies to date have included hernia repair, magnetic resonance imaging (MRI), epidural steroid injection and medication. A progress note dated February 18, 2015 provides the injured worker complains of back and knee pain. Physical exam notes increased lordosis and anterior pelvic tilt. There is tenderness on palpation of the lumbar spine, strength is 5/5 and range of motion (ROM) is within functional limits. The plan includes x-rays, physical therapy and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg Qty: 45:** 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 Soma Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol).

**Decision rationale:** Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for SOMA 350MG, #45 is in excess of the guidelines, as such, the request is not medically necessary.