

<b>Case Number:</b>	CM15-0058362		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/28/2001
<b>Decision Date:</b>	07/21/2015	<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 63 year old female who sustained an industrial injury on 09/28/2001. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having post laminectomy syndrome-Lumbar; lumbar disc displacement; postsurgical states not elsewhere classified; psychogenic pain not elsewhere classified; chronic pain not elsewhere classified; long-term use of medications, not elsewhere classified; therapeutic drug monitor; osteoarthritis not otherwise specified-l/leg. Treatment to date has included surgery and medication. Currently, the injured worker complains of increased back and knee pain with cold weather. The worker also feels there is something poking her from her previous spine surgery. The IW has an antalgic gait, normal muscle tone without atrophy in all extremities, and complains of bilateral knee pain. On examination, there is spasm and is guarding noted in the lumbar spine. Medications include Methadone and Soma. The Injured Worker states she is finding better relief of her pain and sleep with methadone. The treatment plan is to continue her current medications and obtain imaging of the lumbar spine. Requests for authorization were made for the following: 1. Soma 350 mg Qty 51, 2. MRI (magnetic resonance imaging) Lumbar Spine, outpatient; 3. Methadone HCL (hydrochloride) 5 mg Qty 20; and 4. Methadone HCL (hydrochloride) 5 mg Qty 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg Qty 5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Opioids Page(s): 29; 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Carisoprodol (Soma).

**Decision rationale:** Soma 350 mg Qty 5 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma is not medically necessary.