

<b>Case Number:</b>	CM15-0058738		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/03/2015
<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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male, who sustained an industrial injury on 1/13/2003. Diagnoses include post lumbar laminectomy syndrome, lumbar radiculopathy, spinal/lumbar degenerative disc disease, knee pain and pain in joint lower leg. Treatment to date has included surgical intervention (lumbar decompression L4-S1 with L5-S1 microdiscectomy on 5/15/2013), diagnostic imaging including magnetic resonance imaging (MRI), transforaminal epidural steroid injections and medications. Per the Primary Treating Physician's Progress Report dated 2/11/2015, the injured worker reported low back pain with radiation to the left leg and right knee pain. Pain in the low back is rated as 4/10 with medication and knee pain is rated as 5/10 with medication. Pain level in the back and knee without medication is 8/10. Physical examination revealed a right sided antalgic stooped and wide based gait. Lumbar spine examination revealed loss of normal lordosis with straightening of the lumbar spine and a healed surgical scar. Range of motion was restricted with flexion to 80 degrees and extension to 15 degrees with pain. There was hypertonicity, spasm, tenderness and a tight muscle band on the left side upon palpation of the paravertebral muscles. Spinous process tenderness is noted on L5 over the surgical scar. Lumbar facet loading is positive on the left side. Straight leg raise is positive on the left and ankle jerk is 1/4 on both sides. Patellar jerk is 2/4 on the right and 1/4 on the left. There was tenderness over the sacroiliac spine and left lumbar paraspinals. There was crepitus noted in the right knee with active movement and tenderness to palpation over the lateral and medial joint lines. There was 1+ effusion in the right knee. Right ankle movements were restricted with pain. There was tenderness noted over the fibula-calcaneal ligament. She was able to bear weight

without pain. The plan of care included medications and authorization was requested for Soma 350mg #60, Lidoderm 5% patch #30 and Hydrocodone/Acetaminophen 10/325mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One prescription of Soma 350mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 51.

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone for several months which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.