

<b>Case Number:</b>	CM15-0083540		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	05/12/2000
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: New Jersey  
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 54-year-old male, with a reported date of injury of 05/12/2000. The diagnoses include lumbar degenerative disc disease, lumbar post laminectomy pain syndrome, status post lumbar fusion at L4-5, lumbar discogenic pain, lumbar myofascial pain, and chronic pain syndrome. Treatments to date have included deep tissue massage, physical therapy, lumbar epidural injections, oral medications, and an MRI of the lumbar spine on 08/10/2001. The progress note dated 04/20/2015 indicates that the injured worker had low back and extremity pain. It was noted that he was doing better, and was taking a little bit less medication. He was having less pain because of massage. The injured worker wanted to possibly decrease the Soma the following month. His pain level was rated 5-6 out of 10 without medication, and 3 out of 10 with medication. The physical examination showed mild tenderness in the lumbar paraspinal muscles; decreased lumbar range of motion with pain; absent Achilles reflexes; normal strength in the lower extremities; and slightly positive bilateral straight leg raise test. The treating physician requested Soma. On 04/29/2015, Utilization Review (UR) denied the request since there was no documentation of medical necessity to justify the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma (amount and duration unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants and Carisoprodol Page(s): 29, 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, there was evidence of having used Soma chronically along with other medications to help reduce pain. In recent documentation it is said that he was interested in continuing to wean down medications but to start with Norco and then consider weaning down on Soma afterwards. There was no evidence which would suggest this request was to treat an acute flare of pain/muscle spasm, and chronic use is not recommended for this drug class. Therefore, the request for continuation of Soma will be considered medically unnecessary. Weaning may be indicated. Also, the request did not include specific dose and number of pills, which is required for consideration of approval.