

<b>Case Number:</b>	CM15-0083856		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 January 6, 2009. He reported an injury to the neck and back while pushing a machine. The injured worker was diagnosed as having left lumbosacral radiculopathy, status post lumbar laminectomy and decompression, left upper extremity resting tremor, cervical spine sprain/strain and headaches. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, physical therapy, lumbar steroid injections, medications, rest, ice, exercise and work restrictions. Currently, the injured worker complains of continued neck and low back pain with radicular symptoms radiating to the left lower extremity as well as sleep disruptions. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 14, 2015, revealed continued pain as noted with associated symptoms. It was noted he required pain medications to maintain function and sleep aides to maintain sleep quality. Evaluation on April 6, 2015, revealed continued pain as noted. Radiographic imaging done on March 13, 2015, was revealed and revealed abnormalities of the lumbar spine. A sleep aide was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma (Carisoprodol) 350mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) - Antispasmodics Page(s): 65.

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

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Soma (Carisoprodol) 350mg, #90. The treating physician's 01/14/15 report states, "The patient does take Norco, Soma, and Elavil which help with his pain and somewhat help with the muscle spasms". (62) The treating physician's 4/20/15 report does not discuss the patient experiencing muscle spasms. (25) The MTUS guidelines state, "Not recommended. This medication is not indicated for long-term use". In this case, the treating physician has documented that the patient has been taking this medication since at least January 2015 and the patient no longer complains of muscle spasms. The MTUS guidelines do not recommend this medication for long term use and the request exceeds the recommended guidelines. The current request is not medically necessary and the recommendation is for denial.