

<b>Case Number:</b>	CM15-0087776		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 York, Tennessee  
 Certification(s)/Specialty: Emergency 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 56-year-old male, who sustained an industrial injury on 10/5/06. The injured worker was diagnosed as having cervical radiculopathy, cervical spinal stenosis, lumbar disc degeneration and lumbar radiculopathy. Treatment to date has included cervical epidural steroid injection, oral medications including opioids, topical medications, physical therapy and activity restrictions. (MRI) magnetic resonance imaging of cervical spine was performed on 1/26/15 which revealed mild multilevel degenerative disc disease of cervical spine, C203 small disc osteophyte, C3-4 diffuse chronic disc osteophyte complex, C4-5 disc osteophyte complex, C5-6 and C6-7 disc osteophyte complex; (MRI) magnetic resonance imaging of lumbar spine performed on 12/15/14 revealed mild degenerative changes. Currently, the injured worker complains of neck with radiation down bilateral upper extremities associated with headaches and low back pain with radiation down bilateral lower extremities and accompanied by numbness frequently in the bilateral lower extremities to the feet; he also complains of frequent muscle spasms in the low back bilaterally. He rated the pain 4-9/10 with medications and 5-10/10 without medications and reports the pain has worsened since previous visit. The injured worker noted epidural steroid injection improved overall pain and function 50-80% and opioid pain medication is helpful. Physical exam noted tenderness of spinal vertebral cervical spine C4-7, tenderness upon palpation at bilateral paravertebral C5-7 with moderate to severely decreased range of motion of cervical spine. Exam of lumbar spine revealed tenderness upon palpation of spinal vertebral area with decreased range of motion. A request for authorization was submitted for Lidoderm, Lyrica, Soma and Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #60 1 refill:** Upheld

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

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

**Decision rationale:** Soma is the muscle relaxant, carisoprodol. Carisoprodol is not recommended. Carisoprodol 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. In this case, the patient suffers from neck and low back pain. Carisoprodol is not recommended due to the adverse effects. The request is not medically necessary.