

<b>Case Number:</b>	CM15-0089661		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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

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 46 year old male who sustained a work related injury June 22, 2012. According to a treating physician's progress notes, dated April 23, 2015, the injured worker presented with neck pain and lower backache. The pain is unchanged from the last visit and is rated 4/10 with medication and 8/10 without medication. He reports to having some increased nerve pain in his low back and leg (unspecified) which is described as intermittent. He continues to pay for Soma out of pocket, has completed 6-8 sessions of acupuncture, and while helpful, it is difficult to lay supine. The physician documented the injured worker failed TENS unit, physical therapy, and chiropractic treatment. He works on a full-time basis with the help of Norco for pain control. Diagnoses are cervical pain; cervical strain; low back pain; cervical and lumbar disc disorder. Treatment plan included to continue with home exercise program complete acupuncture, and at issue, a request for authorization for Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma (unspecified dose and qty): Upheld**

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

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

**Decision rationale:** The requested Soma (unspecified dose and qty), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain and lower backache. The pain is unchanged from the last visit and is rated 4/10 with medication and 8/10 without medication. He reports to having some increased nerve pain in his low back and leg (unspecified) which is described as intermittent. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma (unspecified dose and qty) is not medically necessary.