

<b>Case Number:</b>	CM14-0013942		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/30/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48-year-old man with a date of injury of 11/30/13. He was seen by his physician on 1/5/14 complaining of neck, upper and lower back pain, headaches and fatigue. The physical exam describes findings seen at the initial consultation of 12/5/13 showing loss of cervical and lumbar spine range of motion as well as 'somatic dysfunction' of the cervical, thoracic, lumbosacral spine and pelvis. He had paravertebral muscle spasm with trigger points and tenderness. A repeat physical exam from 1/5/14 is not documented. The impression was acute cervical, thoracic and lumbosacral strain/sprain, somatic dysfunction, muscle tension cervicalgia, acute right shoulder sprain/strain and post traumatic atrophy of cervical and lumbar paravertebral musculature. The treatment plan included physical therapy, manipulative therapy and joint mobilization, NSAID, analgesic and muscle relaxant. At issue in this review is the prescription for Soma, which was initially prescribed on 12/5/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF SOMA 350MG, QTY: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 65.

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

**Decision rationale:** This 48-year-old injured worker has chronic pain with an injury sustained in 2013. His medical course has included use of Soma as a muscle relaxants. With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The doctor's visit of 1/5/14 fails to document any improvement in pain, functional status or side effects to justify long-term use. A repeat physical exam is not documented so current muscle spasm is also not documented. Carisoprodol (Soma) is not recommended or indicated for long-term use. The records do not support medical necessity for continued use of Soma.