

<b>Case Number:</b>	CM14-0121786		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 patient is a 24-year-old male who has submitted a claim for lumbosacral strain/arthrosis discopathy, associated with an industrial injury date of 12/28/12. Medical records from June 2013 to July 2014 were reviewed. Patient complained of low back pain, which was described as dull and aching, knot-like and stabbing pain that varied in intensity and present at all times. The pain radiated to the bilateral hips, but was worse on the left. There were complaints of numbness and tingling at the bilateral lower extremities. The pain was aggravated by reaching too far, bending, stooping, squatting, twisting at the waist, prolonged sitting and standing, ascending and descending stairs, lifting light objects, and other activities of daily living. The pain is partially relieved with lying down, medications, and low back support. Physical examination of lumbar spine revealed tenderness from L1-L3 region including the bilateral paraspinal muscles. Bilateral straight leg tests were negative. Fabere and reverse Fabere Tests were positive. The motor strength was 5/5 on the iliopsoas, quadriceps, extensor pollicis longus, and gastrocsoleus. Sensation was intact. Reflexes are 2/4 and equal. Lumbar range of motion was extension to 20 degrees, right lateral flexion to 40 degrees, left lateral flexion to 45 degrees, right lateral torsion to 45 degrees, and left lateral torsion to 60 degrees. Lumbar MRI, dated 06/07/13, revealed mild decreased height, disk desiccation, and central disk extrusion at the L3-L4, L4-L5, and diffuse disk bulge at the L5-S1. The extruded disk at the L4-L5 indents the ventral aspect of the thecal sac and abuts but does not compress the emerging right L5 nerve root. Electromyography (EMG) and nerve conduction velocity (NCV), dated 06/27/13, was negative. X-rays, dated 03/05/14, revealed mild to moderate right-sided scoliosis with mild diffuse degenerative changes of the thoracic spine and mild compensatory left-sided scoliosis of the lumbar spine. Treatment to date has included Soma, Naprosyn, and Norco. Utilization review from 7/12/14 denied the request for Soma 350mg. Request was denied because there was no documentation of significant

functional gain from the medication requested. There was also no urine screen to verify compliance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Carisoprodol (Soma), Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available.

**Decision rationale:** As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Soma is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. Abuse has been noted for sedative and relaxant effects. Soma is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In this case, the exact date Soma was prescribed was not mentioned. Patient's date of injury was 12/28/12. Progress notes revealed that the patient has been taking Soma 350mg/tablet since March 2014. The patient, however, still "had significant pain" in June 2014. The guideline does not recommend this medication for long-term use. Without documentation of functional objective improvement and guideline recommendations, medical necessity cannot be determined for this case. There was likewise no urine drug screen to monitor medication compliance. Furthermore, the most recent physical examination failed to show evidence of muscle spasm. There is no clear indication for this medication. Therefore, the request for Soma 350mg tab #60 is not medically necessary.