

<b>Case Number:</b>	CM14-0137697		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/19/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Internal 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 injured worker is a 47 year old male injured on 01/09/14 while attempting to step on a desk; it tipped over, causing the injured worker to land in an awkward position resulting in low back injury. Diagnoses included musculoligamentous sprain/strain of the lumbar spine, degenerative disc disease and facet arthropathy, and multilevel disc protrusion of the thoracic spine. Clinical note dated 07/26/14 with date of exam on 06/18/14 indicated the injured worker complained of moderate pain and discomfort in the low back described as throbbing, aching, and sharp with associated pins and needle like sensation. The injured worker also reported numbness in bilateral thighs increased with prolonged standing and walking. A subjective, objective, assessment, and plan note dated 08/05/14 indicated subjective complaints of low back pain and stiffness rated 3/10. The injured worker reported decreased pain and numbness in the lower limbs with acupuncture treatment. Objective findings included urinary bladder and governing vessel channels. The injured worker was making slow progress per assessment. Treatment plan included physical therapy one to two times a week. Medication list not addressed. Initial request was non-certified on 08/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma tab 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Carisoprodol Page(s): 65.

**Decision rationale:** As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for Soma tab 350mg cannot be recommended as medically necessary.