

<b>Case Number:</b>	CM14-0145687		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2014

### 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 & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 43 year-old with a date of injury of 03/12/13. A progress report associated with the request for services, dated 07/23/14, identified subjective complaints of low back and bilateral hip pain. Objective findings included tenderness to palpation of the lumbar spine and a mild decrease in range of motion. Motor function was normal. There was decreased sensation in the L5 dermatome. Diagnoses included (paraphrased) lumbar disc disease; foraminal stenosis; and radiculopathy. Treatment had included an NSAID and Soma was provided by a friend. A Utilization Review determination was rendered on 08/21/14 recommending non-certification of "Soma".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma:** Upheld

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

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

**Decision rationale:** Soma (Carisoprodol) is a centrally acting antispasmodic muscle relaxant with the metabolite meprobamate, a schedule-IV controlled substance. The MTUS Chronic Pain

Guidelines states that Carisoprodol is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It has interactions with other drugs including benzodiazepines, tramadol, and hydrocodone. It is associated with withdrawal symptoms and is abused for the above mentioned effects. Therefore, there is no documented medical necessity for Soma.