

<b>Case Number:</b>	CM14-0161205		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/16/2002
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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 individual is a 48 year old female who sustained a new work related injury on 4/6/12 involving her thoracic and cervical spine. A prior injury is noted on 9/16/02 which involved her low back and right lower extremity. Most examination notes predate the current injury and relate only to the earlier injury in 2002. However, based on the available record it seems that she has an ongoing complaint of multilevel back pain, with spasm noted in the cervical area and a radiographic report is mentioned that indicated a possible compression fracture in her thoracic spine. Most recently she is noted to have reduced sensation on the right as well as a right positive straight leg raising test. She has previously received physical therapy and chiropractic therapies and has used both a TENS and H-wave, likely for the prior injury but possibly for this latest injury as well. She has been diagnosed with depressive disorder, chronic pain syndrome, DDD (degenerative disc disease) and low back pain. She has been taking Norco and oral morphine for pain control and carisoprodol 30mg bid for muscle spasms.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain), Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol)

**Decision rationale:** Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for Soma 350mg, #60 is in and of itself in excess of the guidelines. As such, the request for 1 prescription for Soma 350mg, #60 is deemed not medically necessary.