

<b>Case Number:</b>	CM14-0027446		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Emergency 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:

A patient with a reported date of injury on 1/3/2012. Mechanism of injury is due to a fall while pushing a cart. The patient has a diagnosis of cervical spine pain from degenerative disc disease with radiculopathy and low back pain from multilevel degenerative disc disease and disc bulges. It was also noted that the patient has a diagnosis of depression. The patient complains of neck pain rated at 7/10. The patient also has low back pain, frequent and moderate, that radiates down both buttocks and bilateral lower extremities. Medications help, and symptoms are unchanged. Objective exam was a template checklist that noted difficulty rising from seat, antalgic gait and cervical and lumbo-sacral tenderness. MRI of the cervical spine reveals posterior disc bulges 2-3mm at C3-4, 2mm at C4-5 and 2mm at C6-7. Moderate left sided compression of the dura at C4-5. Mild to moderate neural foraminal narrowing on right at C4-5 and C6-7. MRI of lumbar spine reveals 4mm post disc bulge at L4-5 with annular fissure in the posterior aspect of the disc, and mild central canal and bilateral neural foraminal narrowing. A 6mm posterior disc protrusion at L5-S1 with moderate to severe central canal stenosis was also noted. An EMG/NCS of bilateral lower extremities on 6/25/13 was normal. There was no medication list provided for review. Notes mention that the patient is on Soma and Motrin. Prior meds are noted to be Tramadol and Flexeril. Independent Medical Review is for Soma 350mg #60. A prior Utilization Review on 2/14/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350 MG QUANTITY 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) Page(s): 29.

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. There is no documented muscle spasm or noted objective improvement on this medication. Use of Carisoprodol, a potentially addictive and not-recommended medication, is therefore not medically necessary at this time.