

<b>Case Number:</b>	CM14-0204280		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Family Practice 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:

According to the medical records the patient is a 54 year old female who sustained an industrial injury on 11/27/2001. She is diagnosed with herniated disc lumbar spine. The patient was seen on 11/7/14 at which time she complained of low back pain rated 8/10. She reports 85 % improvement with her medications. Lumbar spine examination revealed limited range of motion, tenderness and spasm. Neurologic exam was normal and straight leg raise only produced low back pain. The patient was prescribed Norco 2.5/325 mg #60, Soma 350 mg #60 and topical medications. Utilization Review was performed on 11/24/14 at which time the request for Soma was non-certified. The peer reviewer noted that on 4/13/14 Soma was non-certified and weaning was recommended. The peer reviewer noted that muscle relaxants are not recommended for long term use and the patient had been prescribed Soma since January 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60 20 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxant Page(s): 29, 65.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended. The MTUS guidelines state that this medication is not indicated for long-term use. However, the patient has been prescribed Soma since January 2014, and has not undergone weaning despite prior recommendations. Furthermore, the MTUS guidelines state that Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes Soma as a combination with hydrocodone, an effect that some abusers claim is similar to heroin. The patient is being prescribed Norco (Hydrocodone/APAP) in addition to Soma. Therefore, the request for Soma 350mg #60, 20 day supply is not medically necessary.