

<b>Case Number:</b>	CM14-0208883		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	08/31/1994
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 male who sustained an industrial related injury on 8/31/94. The injured worker had complaints of back pain that radiated to the right leg. Numbness was noted in the right leg and cubital tunnel symptoms were present. Physical examination findings included a straight leg raise caused an increase in back pain. Diagnoses included chronic low back pain with a history of degenerative disc disease and status post cervical laminectomy. The treating physician requested authorization for Soma 350mg #90. On 11/21/14 the request was modified to a quantity of 45. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had reported decreased pain with the current medication regimen. However the injured worker was suffering from an exacerbation of low back pain. Initiation of a weaning program appeared to be appropriate. Therefore the request was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Soma 350mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Carisoprodol Page(s): p29.

**Decision rationale:** Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs."As this medication is not recommended by MTUS, it is not medically necessary.