

<b>Case Number:</b>	CM14-0218919		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 38 a year old female who sustained an industrial injury on 10/26/2011. She reported injury to the left foot and lumbar spine. She complains of lumbar spine pain and left ankle/foot pain. She was diagnosed with lumbar discogenic disease at lumbar 4-5 and lumbar 5 to sacral 1, annular tear at the lumbar 4-5 level, herniated pulposus at lumbar 4- sacral 1 and severe bilateral neural foraminal narrowing at lumbar 5 to sacral 1. Treatment to date has included 24 sessions of chiropractic care, 16 sessions of acupuncture, 38 sessions of physical therapy, epidural injections, carisprodol and Ibuprofen. Treatment plans included medication management and possible surgery on the lower back and left foot. On 12/22/2014 Utilization Review modified a prescription of Soma 350 milligrams #30-take at bedtime to #15 for weaning purposes, noting the MTUS guidelines for Soma is not recommend for long term use. The MTUS was cited. On 12/20/2014, the injured worker submitted an application for IMR for review of Soma 350 milligrams #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The injured worker sustained a work related injury on 10/26/2011. The medical records provided indicate the diagnosis of lumbar discogenic disease at lumbar 4-5 and lumbar 5 to sacral 1, annular tear at the lumbar 4-5 level, herniated pulposus at lumbar 4- sacral 1 and severe bilateral neural foraminal narrowing at lumbar 5 to sacral 1. Treatment have included 24 sessions of chiropractic care, 16 sessions of acupuncture, 38 sessions of physical therapy, epidural injections, carisprodol and Ibuprofen. The medical records provided for review do not indicate a medical necessity for Soma 350mg #30 . The records indicate she has been on this medication at least since November 2014. The MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of chronic Low back pain. The MTUS does not recommend the use of Carisoprodol (Soma, Soprodal 350?, Vanadom, ) for longer than a 2 to 3 week period. Therefore, the requested treatment is not medically necessary and appropriate.