

<b>Case Number:</b>	CM14-0219068		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 58 year old male injured worker (IW) with a date of injury 09/15/2011. He is status post L3-L4 and L4-L5 decompression performed 10/22/2012 and status post L3-4 micro discectomy on 10/31/2014. In a report of 11/05/2014, the IW was documented as taking Norco 10/325 mg, 8 tablets per day with insufficient pain relief. On a visual analog scale, the IW rated his pain as a 9/10 with radiation in to the buttocks. The medication was increased to Percocet 10/325 6 tablets per day with a pain contract. Physical therapy exercises were to be done on his won at the [REDACTED] instead of formal physical therapy. In the exam notes of 12/01/2014, the IW was noted to request Norco rather than Percocet due to gastric upset and mental cloudiness and the difficulty of obtaining Percocet at his pharmacy. He had been on Soma 350 mg three times a day for muscle spasms for more than two years and had received non-certification for prior requests for Soma. His chief complaint was low back pain. On 12/01/2014, he was seen by for medication management. The examination noted the IW was a smoker of 21-30 cigarettes per day with his first cigarette within 5 minutes of awakening. The notes stated he was ready to quit. Medications at that time were Soma 350 4 tablets daily, and Vicodin 5/500 five tablets daily, and Percocet 10/325 mg 1 tablet as needed 6/day. Soma 350 was also listed as 1 tablet as needed three times daily. On examination there were lumbar paraspinal muscle spasm s on the left, lumbar paraspinal muscle spasm on the right, a well-healed incision with moderate erythema and tenderness to palpation at the incision site but no exudate. Diffuse tenderness was noted in the lumbar spine, and range of motion was limited due to pain. Reflexes were 2+ and symmetrical. His diagnoses were of Lumbago and Radicular syndrome. Plans were to stop the Percocet tablet

10/325mg, refill Soma tablet 350 mg as needed 1 tablet orally three times daily for 15 days, and start Norco 10-325 mg 1 tablet as needed orally 6/day for 15 days. A request for authorization for soma 350 mg #45 and Norco 10/325 mg was submitted on 12/04/2014. A Utilization Review decision was issued 12/11/2014 that non-certified the Soma 350 mg orally three times a day for muscle spasms, citing the California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain Medical Treatment Guidelines that do not recommend the use of carisoprodol and note that efficacy appears to diminish over time. Guidelines state that the use of Soma in combination with hydrocodone has an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"). Norco 10-325mg, 1 tablet as needed orally 6/day #90 was certified with recommendations to allow the IW a one-month supply for weaning purposes at the physician's discretion. California Medical Treatment Utilization Schedule (CA MTUS) Chronic pain medical treatment guidelines were cited. A request for independent medical review (IMR) was made 12/31/2014 Soma 350mg #45.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SomaMuscle relaxants Page(s): 29, 63-66.

**Decision rationale:** Per the 12/01/14 report, the patient presents with lower back pain radiating into the buttocks rated 8/10. The patient is a 58 year old male with an injury date of 09/15/11 and he is s/p lumbar surgery x 2 on 10/31/14. The current request is for SOMA 350 mg #45. Recent reports do not state if the patient is working. MTUS Soma page 29 states, "Not recommended. This medication is not indicated for long term use." MTUS Muscle relaxants for pain pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. The reports provided show that the patient is prescribed Percocet "an opioid" in addition to Soma, and the patient has been prescribed the requested medication from at least 07/23/14 to 12/01/14. The patient's diagnoses include: lumbago and Thoracic/lumbosacral radicular syndrome. The treater states on 12/01/14, "he is having acute muscle spasms with is relieved with Soma 350 mg at three times a day dosing." In this case, guidelines recommend short-term use of this medication of no more than 2-3 weeks and the patient has been prescribed Soma on a long-term basis. Lacking recommendation by MTUS, the request IS NOT medically necessary.