

<b>Case Number:</b>	CM14-0054781		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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: 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 a 52 year old male with an industrial injury dated 04/07/2003. His diagnoses include status post positive diagnostic bilateral lumbar facet joint radiofrequency nerve ablation, lumbar facet joint pain, bilateral lumbar facet joint arthropathy, lumbar disc protrusion, lumbar strain/sprain, left thoracic sprain/strain, left thoracic back pain, status post left total knee replacement, left knee internal derangement, status post multiple left knee surgeries, and right knee pain secondary to compensation from the left knee injury. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, left knee surgery (x4) with total knee replacement (02/16/2012), and physical therapy. In a progress note dated 02/17/2014, the treating physician reports bilateral low back pain, left scapular and left thoracic back pain, and left knee pain. The objective examination revealed restricted range of motion in the left knee and lumbar spine, tenderness to palpation of the lumbar paraspinal musculature, positive lumbar facet joint and left knee provocative maneuvers, and tenderness to palpation of the left knee joint lines with crepitus and clicking of the left knee. The treating physician is requesting Soma which was denied by the utilization review. On 04/09/2014, Utilization Review non-certified a prescription for Soma 350mg by mouth 4 times per day with every 6 hours as needed for pain #120, noting the lack of long term effect and the lack of recommendation for long term use. The MTUS Guidelines were cited. On 04/23/2014, the injured worker submitted an application for IMR for review of Soma 350mg by mouth 4 times per day with every 6 hours as needed for pain #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg By Mouth four times per day with every 6 hours after noon Pain #120:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 29-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cardisoprodol Page(s): 29.

**Decision rationale:** MTUS Guidelines specifically address this drug and state that it is not recommended. It is not recommended for muscle relaxation nor is it recommended for any other medical condition. There are no unusual circumstances to justify an exception to Guidelines. The Soma (Carisoprodol) is not supported by Guidelines and is not medically necessary.