

<b>Case Number:</b>	CM15-0007100		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 49 year old female was injured 12/8/09 in an industrial accident. She is experiencing increasing lumbar back pain on left side with pain radiating into left leg with numbness to the left foot. Medications, if any, are not noted in available documentation. Diagnoses include status post L5-S1 anterior and posterior underbody fusion (2012). She had epidural steroid injection (7/14) with 60-70% improvement and selective nerve root block L5-S1 (7/29/14).Diagnostics include computed tomography lumbar spine (7/21/14) and MRI. The treating physician requested Soma but there was no explanation as to why this was requested. On 12/23/14 Utilization Review non-certified the request for Soma 350 mg by mouth one, twice a day #60 citing MTUS: Chronic pain Medical Treatment Guidelines: Muscle Relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350MG 1 Tablet PO BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

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

**Decision rationale:** This patient presents with low back pain that radiates down the left leg with numbness and tingling. The current request is for SOMA 350MG 1 TABLET PO BID #60. MTUS guidelines page 29 does not recommend Soma --Carisoprodol--. 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--. MTUS page 63-66 state: Carisoprodol --Soma, Soprodal 350, Vanadom, generic available--: Neither of these formulations is recommended for longer than a 2 to 3 week period. This is an initial request for Soma #60, which exceeds the 2- to 3-week period recommended by MTUS Guidelines. The requested Soma IS NOT medically necessary.