

<b>Case Number:</b>	CM15-0010250		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/24/2000
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 3/24/2000. The PR 12/20/14, noted that the injured worker complains of low back pain that have been exacerbated with the recent cold weather changes, as well as with prolonged standing/walking activities. The documentation noted that she also has right knee pain. She takes Norco pills three to four per day for the pain and uses soma for acute muscle spasms and she reports she takes two to 3 per day. Tenderness was noted over the lumbosacral spine as well as over the bilateral lumbar paraspinal musculature, where muscle spasms were noted. While seated straight leg raise procedure was positive on the right side. The diagnoses have included strain/sprain, cervical spine. According to the utilization review performed on 1/9/2015, the requested Soma 350mg #90, 3 refills has been non-certified. The utilization review noted that a peer discussion was performed and it was noted that the injured worker had previously been recommended weaning of Norco and Soma. Norco was apparently decreased from count 3120 to 3100 at the last visit. However, the injured worker did not want to change her dosage of soma. CA MTUS guidelines were used in the utilization review. The documentation noted that soma is not recommended for longer than a 2 to 3 week period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29.

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350mg #90, 3 refills is not medically necessary and appropriate.