

<b>Case Number:</b>	CM15-0016671		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	12/12/2001
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Florida, New York, Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 51 year old male, who sustained an industrial injury on 12/20/01. He has reported low back and left knee injury working as a construction worker and throwing a 135 pound rail on the back of a truck. The diagnoses have included lumbar degenerative disc disease, status post right carpal tunnel release, status post spinal cord stimulator placement, revision/removal right lateral epicondylitis, left medial meniscus tear and decompressive laminectomy with removal of hardware and extension of fusion. Treatment to date has included medications, physical therapy, surgery, epidural injections, and other modalities. Currently, the injured worker complains of continued low back pain despite treatments. He has remained functionally impaired and symptomatic. The injured worker has constant severe pain in lumbosacral spine. The pain is aggravated by movements and activity. There is radiation of pain to the bilateral extremities with weakness. He had pain in the left side until the epidural injection relieved it. He ambulates with a cane for support. Physical exam revealed weakness left lower extremity. The lumbosacral spine revealed tenderness and bilateral muscle guarding which is consistent with the retained metal. There is moderate guarding of movement. The utilization review cited a progress note dated 1/9/15 which was not noted in the records. He required a walker for ambulation, stiff atelic gait, and increased muscle rigidity, trigger points in the lumbar muscles, impaired lumbar motion and weakness of lower extremities. There was positive straight leg raise and positive McMurray's on the left. On 1/20/15 Utilization Review non-certified a request for Soma tablet 350mg #90, noting that additional soma dosing for purposes of taper is

not indicated at this time. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

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

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

**Soma tablet 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Carisoprodol (Soma), muscle relaxant Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Part 2 Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** 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). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs such as in a combination with hydrocodone for an effect that some abusers claim is similar to heroin. Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Carisoprodol's use as a maintenance medication cannot be supported and the UR Non-Certification is appropriate.