

<b>Case Number:</b>	CM15-0019642		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	05/23/1994
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Arizona, California  
 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 year old male, who sustained an industrial injury on May 23, 1994. He has reported low back pain and bilateral lower extremity pain. The diagnoses have included post laminectomy syndrome, lumbago and long term medication use. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the back, conservative therapies, work modifications and pain medications. The claimant had been on Oxycontin and Soma since at least July 2014. Currently, the IW complains of low back pain and lower extremity pain. The injured worker reported an industrial injury in 1994, resulting in chronic back and lower extremity pain. He reported working as an electrician then moving to a career teaching electricity at a public school system. He reported needing pain medication to maintain function. On December 19, 2014, evaluation revealed continued pain. The disability status was permanent and stationary. He continued to work as an electrician teacher. Muscle relaxers and stool softeners were renewed. On January 20, 2015, Utilization Review non-certified a request for Soma 350 MG Tablet #60 with 2 Refills, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of requested Soma 350 MG Tablet #60 with 2 Refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 MG Tablet #60 with 2 Refills:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Oxtcontin which increases side effect risks and abuse potential. In addition, the pain was constant and the claimant had requested an higher dose of Oxycontin to use with the SOMA. The claimant had been on Soma for over 6 months. The continued use of SOMA is not medically necessary.