

<b>Case Number:</b>	CM15-0118418		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	02/02/2000
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: 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 62-year-old male, who sustained an industrial injury on 2/02/2000 sustained in a motor vehicle accident. Diagnoses include chronic pain syndrome, radiculopathy, cervical spondylosis, wrist pain, and lumbar spondylosis. Treatment to date has included home exercise including swimming at the [REDACTED], medications, epidural injections (over 15), facet joint injections, spinal cord stimulator, and radiofrequency ablation. Current medications include Norco, Soma and Neurontin. Per the Primary Treating Physician's Progress Report dated 5/12/2015, the injured worker reported lower backache, left lower extremity pain, right lower extremity pain and hand pain. Physical examination of the lumbar spine revealed restricted range of motion that was decreased in all planes. There was tenderness and trigger points of the paravertebral muscles on both sides with positive facet loading. There was tenderness to the sacroiliac spine. The plan of care included medication management and authorization was requested for Neurontin 300mg #60, Norco 10/325mg #120 and Soma 350mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg (1 by mouth twice daily as needed), #60 with no refills, for symptoms related to the cervical neck, lumbar (low back), left lower extremity and left hand: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, Twelfth Edition.

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

**Decision rationale:** MTUS Guidelines address the use of Soma (Carisoprodol) as a distinct agent in addition to addressing it in the section on muscle relaxants. The Guidelines are very specific in stating that its use is not recommended. There are no unusual circumstances to justify an exception to Guideline recommendations. The Soma is not Guideline supported and is not medically necessary.