MAXIMUS Federal Services

| Case Number: | CM15-0121518 | | |
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| Date Assigned: | 07/02/2015 | Date of Injury: | 09/12/2012 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

## 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: New York
Certification(s)/Specialty: Anesthesiology

## 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 09/12/2012 resulting in pain to the low back. Treatment provided to date has included: lumbar hemilaminectomy surgery (2013) noted to have been successful; physical therapy, injections, chiropractic manipulation; medications (Norco, Soma and Motrin), and conservative therapies/care. Diagnostic tests performed include: x-rays of the cervical spine showing evidence of mild cervical spondylosis with minimal encroachment, x-rays of the lumbar spine showing narrowing of the L5-S1 disc. Comorbidities included Meniere's disease. There were no other dates of injury noted. On 06/03/2015, physician progress report states that the injured worker is being seen for a follow-up visit, refills on prescriptions, and paperwork. The pain was rated 7-9/10 in severity. The injured worker also noted that his pain was 7/10 with medications, and 8-10/10 without medications, and described as cramping and sharp with associated numbness and tingling. The injured worker also reported that his pain and symptoms were unchanged. Current medications include Norco and Soma. The physical exam revealed no objective findings. The provider noted diagnoses of thoracic or lumbosacral neuritis or radiculitis, fibromyalgia, piriformis, and lumbar spinal stenosis. Plan of care includes refills of medications, completion of forms, and follow-up. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes: Soma 350mg #30 one daily at bedtime.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg Qty 30, daily at bedtime:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66.

**Decision rationale:** Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). According to the MTUS, Soma is not recommended and is not indicated for long-term use (more than 2-3 weeks). The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more benefit beyond NSAIDs in pain and overall improvement. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. In this case, clinical notes show that the injured worker has been prescribed Soma since 2014 with insufficient evidence of reduction in pain, reduction in muscle spasms, and/or improvement in function. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.