

<b>Case Number:</b>	CM15-0177126		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	12/17/2002
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	08/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, Hawaii

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 male who sustained an industrial injury on 12-17-2002. A review of the medical records indicated that the injured worker is undergoing treatment for chronic low back pain. According to the treating physician's progress report on 05-04-2015, the injured worker continues to experience low back pain, which can radiated into either leg, usually localized to the lumbar spine and rated at 4-6 out of 10 on the pain scale. Examination demonstrated flexion to 45 degrees and extension to +10 degrees with moderate pain. Straight leg raise was negative bilaterally at 90 degrees. Motor strength of the lower extremity was 5 out of 5 with 2 plus knee reflexes and absent reflexes at the ankles. Prior treatments were not discussed. Current medications were listed as Norco and Soma (since at least 03-2014). Treatment plan consists of continuing with pain management and medication regimen and the current request for Soma 350mg #60 with 3 refills. On 08-16-2015, the Utilization Review modified the request for Soma 350mg #60 with 3 refills to Soma 350mg #10 with 0 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The records indicate the patient has persistent complaints of chronic low back pain with occasional bouts of pain traveling into the lower extremities. The current request is for Soma 350mg #60 with three refills. The attending physician in his report dated 5/4/15, page 20 (b) indicates the patient needs no treatment now with the exception of his continued pain management and his continued medications. CA MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Carisoprodol (Soma, Soprodol 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. In this case, records indicate the patient has taken this medication as far back as 2006. Records are unclear if the patient has taken this medication continuously. The current request for three refills is not consistent with the above referenced guidelines, which recommend this medication for acute episodes and for less than three weeks. The physical examination findings fail to mention muscle spasms or hypertonicity in the back muscles. The available medical records do not establish medical necessity for the request. Therefore, the request is not medically necessary.