

<b>Case Number:</b>	CM15-0177351		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	08/20/2001
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/25/2015
<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

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 65 year old male with an industrial injury date of 08-20-2001. Medical record review indicate he is being treated for status post lumbar 5-sacral 1 total disc arthroplasty, bilateral lower extremity radiculopathy, status post cervical 5-5 and cervical 6-7 ACDF, bilateral upper extremity radiculopathy, cervicogenic headaches, status post bilateral ankle surgery, erectile dysfunction, reactionary depression-anxiety and medication induced gastritis. Subjective complaints (08-12-2015) included pain in the posterior cervical region bilaterally radiating into the medial scapular region, trapezius muscle, down the upper extremities all the way to his hands. He described his neck pain as "very debilitating" and was limiting in his ability to look upward or downward, turn his neck and drive an automobile. The injured worker also noted difficulty sleeping and wakes up "every few hours." Other complaints included pain in his back bilaterally with radiation into the lower extremities bilaterally and pain in both ankles. His medications included Norco, Prilosec, Soma, Levitra, Prozac, Ambien, Trazodone, Risperdal, Ativan, Benazepril, Nifedipine and Crestor. Medical record review (02-04-2015) indicates the injured worker has been receiving Soma and Norco at least since 02-28-2005. Prior treatments included psychotherapy, physical therapy, acupuncture, chiropractic treatments and medications. Physical exam (08-12-2015) findings included tenderness of the posterior cervical musculature bilaterally with increased muscle rigidity. "There are numerous trigger points that are palpable and tender through the cervical paraspinal muscles." There is decreased range of motion with obvious muscle guarding." Lumbar spine exam documented findings of tenderness of the posterior lumbar musculature bilaterally with increased muscle rigidity. "The patient has decreased range of motion with obvious muscle guarding." The treatment request is for Soma 350 mg # 90. On 08-25-2015 the request for Soma 350 mg # 90 was modified to Soma 350 mg # 45.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90:** 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): Carisoprodol (Soma), Antidepressants for chronic pain.

**Decision rationale:** Review indicates request for Soma was modified for weaning purposes. Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2001 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350mg #90 is not medically necessary and appropriate.