

<b>Case Number:</b>	CM15-0179598		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	09/16/2009
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 71 year old male who sustained an industrial injury on 9-16-09. The diagnosis is noted as lumbar spine discopathy. Previous treatment noted includes medication, shockwave, acupuncture and chiropractic treatment was requested, pool therapy, and topical creams. A progress report dated 6-11-15 notes complaints of ongoing low back pain with radiation and ongoing numbness and tingling to the bilateral lower extremities. Low back pain is rated at 7 out of 10 and bilateral leg pain is rated at 5 out of 10. He currently takes Ibuprofen, Hydrocodone-APAP, Ultram, Zantac, and Omeprazole which are reported as "all are helping." Per the report, he is not presently working. In a progress note dated 8-14-15, the primary treating physician notes complaints of persistent low back pain rated at 4 out of 10 and shoulder pain rated at 5 out of 10. Current medications are Vicodin, Ranitidine, Omeprazole, Ultracet, Soma and Ibuprofen. Objective exam of the lumbar spine reveals tenderness and spasm in the paralumbar musculature and reduced range of motion. It is noted that he is having increased atrophy to the left lower extremity and that he is still frightened of surgery. The treatment is noted as Zantac, Soma, Prilosec, and transdermal cream. Requests for authorization are dated 8-14-15. The requested treatment of Prilosec 20mg 1 two times a day #60 with 1 refill was certified and Soma 350mg 1 two times a day #60 with 1 refill was non-certified on 9-1-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg 1 PO BID #60 with 1 Refill:** 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).

**Decision rationale:** The patient presents on 08/14/15 with lower back pain rated 4/10, and pain in an unspecified shoulder. The patient's date of injury is 09/16/09. The request is for SOMA 350MG 1 PO BID #60 WITH 1 REFILL. The RFA is dated 08/14/15. Physical examination dated 08/14/15 reveals tenderness to palpation of the lumbar paraspinal musculature with spasms noted. The patient is currently prescribed Vicodin, Ranitidine, Omeprazole, Ultracet, Soma, and Ibuprofen. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) section, page 29 states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain) section, pages 63-66, under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: "Neither of these formulations is recommended for longer than a 2 to 3 week period." In regard to the request for 60 tablets of Soma, the provider has exceeded guideline recommendations. This patient's history of Soma utilization appears to be intermittent, with evidence of use in a progress note dated 09/27/15, though it is not listed among this patient's active medications in progress note 06/11/15. MTUS guidelines support the use of this medication for 2-3 weeks provided it is directed at an acute injury or recent flare up, this patient presents with uncomplicated chronic lower back pain. Sixty tablets with one refill does not imply the intent to utilize this medication short term, either. Without evidence of recent re-injury, flare-up, or acute appearance of spasms for which Soma is considered appropriate, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.