

<b>Case Number:</b>	CM15-0029222		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 female who sustained a work related lifting injury to her lower back when moving a client on a back board on October 20, 2012. There were no surgical interventions documented including epidural steroid injections (ESI). The injured worker was diagnosed with chronic low back pain with disc bulge and spinal stenosis at L4-L5, disc bulge at L5-S1, bilateral radicular symptoms and insomnia due to pain. Injured worker has a history of Diabetes Mellitus II. According to the primary treating physician's progress report on January 23, 2015 the patient has a flare of low back pain since acupuncture therapy was stopped. On examination there was diminished range of motion in all planes with lower thoracic and lumbar tenderness and spasm. Right sacroiliac (SI) tenderness was documented. Current medications are listed as Soma and Tylenol #3. Treatment modalities consist of acupuncture therapy, yoga and medications. There was no documentation of past physical therapy or a home exercise program in place. The injured worker is on temporary total disability (TTD) with limited duty status and retired from the place of injury. The treating physician requested authorization for Soma 350 mg Quantity 120. On February 13, 2015 the Utilization Review modified the certification for Soma 350 mg Quantity 120 to Soma 350 mg Quantity 100. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg Quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65 and 124.

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

**Decision rationale:** MTUS states regarding Crisoprodol, Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. ODG States that Soma is Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use. Guidelines do not recommend long term usage of SOMA. The treating physician does not detail circumstances that would warrant extended usage. Previous reviewer modified the request for weaning. As such, the request for Soma 350 mg Quantity 120 is not medically necessary.