

<b>Case Number:</b>	CM15-0074417		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/17/2006
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Emergency 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:

This then said 59 year old male sustained an industrial injury on 08/17/2006. Diagnoses included chronic low back pain, status post multiple lumbar spine surgeries included lumbar fusion L3-L5 and lumbar radiculopathy. According to a most recent progress report dated 01/26/2015, the injured worker complained of constant achy, sharp and dull lower back and mid back into both legs. He had difficulty with standing, sitting, walking, weight bearing activities, bending at the waist and overhead activities. Lifting affected sleep. According to a previous progress report dated 10/22/2014, the injured worker complained of continued low back pain radiating to both legs down to the feet. He described associated muscle spasms and cramping in the low back. He used Soma primarily at night. Currently under review is the request for Soma. Documentation submitted for review shows that the injured worker had been utilizing Soma since before 08/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 35mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29; Muscle Relaxants, Pages 63-66 Page(s): 29, 63-66.

**Decision rationale:** The requested Soma 35mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDS and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued low back pain radiating to both legs down to the feet. He described associated muscle spasms and cramping in the low back. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met. Soma 35mg #30 is not medically necessary.