

<b>Case Number:</b>	CM15-0075173		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	09/15/2000
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	03/21/2015
<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: Internal 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 71 year old male who sustained a work related injury September 15, 2000. He picked up a pressure plate weighing about 150 pounds and felt pain to his low back. Past medical history included hypertension, chronic fatigue syndrome, hypothyroidism, s/p lumbar spine surgery with laminectomy and discectomy at L5-S1, left, April 2012, s/p left total knee arthroplasty December 2012. According to a highly complex orthopedic re-examination and report, dated March 5, 2015, the injured worker presented and discussed improvement with the low back and left knee. The right knee he reports is unstable, with a loose feeling and pain when walking, especially on uneven ground. Diagnoses are documented as chronic residuals, s/p low back surgery at one level and chronic residuals, bilateral total knee replacements. At issue, is the request for authorization for Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics, Carisoprodol (Soma, Soprodol 350, Vanadom, generic available).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page 29. Muscle relaxants Page 63-65.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. The primary treating physician's progress report dated 12/8/14 documented the prescription of Soma. Date of injury was 09-15-2000. The patient is status post lumbar spine surgery with laminotomy and discectomy on 04/19/12. Medical records indicate the long-term use of Soma (Carisoprodol), which is not supported by MTUS guidelines. MTUS Chronic Pain Medical Treatment Guidelines state that Soma (Carisoprodol) is not recommended. MTUS and ACOEM guidelines do not support the use of Soma (Carisoprodol). Therefore, the request for Soma (Carisoprodol) is not medically necessary.