

<b>Case Number:</b>	CM15-0077372		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/21/1991
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: New York, Tennessee  
 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:

The injured worker (IW) is a 57-year-old male who sustained an industrial injury on 03/21/1991. He reported back pain. The injured worker was diagnosed as having other symptoms referable to back; thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbosacral spondylosis without myelopathy; displacement of lumbar intervertebral disc without myelopathy; intervertebral lumbar disc disorder with myelopathy, lumbar region; headache; unspecified sleep disturbance; post- traumatic stress disorder; displacement of intervertebral disc, site unspecified, without myelopathy, degeneration of thoracic or thoracolumbar intervertebral disc; and leg cramping. Treatment to date has included medications, education, and home exercise program. Currently, the injured worker complains of pain rated at a 6/10 with medication and a 7-8 /10 without medication. Soma 350mg #90 is among the drugs requested.

### 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 Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 29.

**Decision rationale:** Soma is the muscle relaxant carisoprodol. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. In this case the patient has been taking Soma since at least November 2013. It is not recommended due to adverse side effects. The request should not be medically necessary.