

<b>Case Number:</b>	CM15-0077774		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 39 year old male patient who sustained an industrial injury on 09/11/2012. The patients' first complaint noted with acute onset feeling a pop in the middle of his low back at which time his legs gave out. A neurosurgical visit dated 10/07/2014 reported subjective complaints of progressive pain that encompasses the lower back, bilateral hips and extends cranially into the neck/head with associated migraines. The pain also radiates downward into bilateral lower extremities. The patient reports getting some mild relief with massage, TENS unit, bracing, lying down, limiting activities, and application of ice. Current medications are: Norco, Soma, Gralise, and Tramadol. The assessment noted multi-level lumbar spondylosis with disc bulging and facet arthropathy, and chronic low back pain. The plan of care did not warrant any surgical intervention, but recommendation for epidural injections, and follow up visit. A more recent follow up visit dated 03/17/2015 reported the patient having undergone administration of epidural injection on 03/03/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350mg quantity 60 is not medically necessary and appropriate.