

<b>Case Number:</b>	CM15-0079247		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/16/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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:

This 29 year old male sustained an industrial injury to the low back on 3/16/13. Previous treatment included magnetic resonance imaging, epidural steroid injections and medications. In a pain management reevaluation dated 3/19/15, the injured worker reported having positive results from a recent two level lumbar epidural steroid injection (2/11/15) with improvement to left lower extremity pain. The physician noted that magnetic resonance imaging lumbar spine showed a large disc herniation and spondylolisthesis. Physical exam was remarkable for lumbar spine with tenderness to palpation, muscle spasms and decreased range of motion. Current diagnoses included low back pain with lower extremity radicular pain and lumbar spine spondylolisthesis and disc protrusion. The physician noted that the injured worker had received authorization for electromyography and was awaiting authorization for physical therapy. The treatment plan included medications (Fentanyl patch 25 mcg/hr and Norco). The physician noted that the injured worker had previously been on Fentanyl patch 75mcg/hr with side effects but was tolerating current dosing well. Additionally, the injured worker had been weaned from Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg quantity 90:** Upheld

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

**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 350 mg quantity 90 is not medically necessary and appropriate.