

<b>Case Number:</b>	CM15-0095251		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	11/06/2000
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Preventive Medicine, Occupational 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 40-year-old male who sustained an industrial injury on 11/06/2000. Current diagnoses include post laminectomy syndrome, thoracic/lumbosacral neuritis/radiculitis, and lumbago. Previous treatments included medication management, lumbar surgeries, and physical therapy. Report dated 04/22/2015 noted that the injured worker presented with complaints that included low back pain with right leg pain, and spasms. Pain level was 8-10 out of 10 on a visual analog scale (VAS). Physical examination was positive for tonic jerking spasm and lumbar paraspinal muscle tenderness and spasm. The treatment plan included medical management/renew medications, counseled and discussed treatment plans, follow up in one month, hold psych authorization for spinal cord stimulator, request authorization for epidural steroid injections, recommend physical therapy, get results of CT, recommend care per AME, reviewed lumbar MRI, get CT myelogram done, recommend an expedited hearing, consider walker and back brace. Disputed treatments include Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS Guidelines are very specific regarding the muscle relaxant Soma and the Guidelines devote a separate section to it in addition to the section on muscle relaxants. The Guidelines are very specific in stating that Soma is not recommended and no unusual circumstances are present to justify an exception to the Guideline recommendations. There are other Guideline supported muscle relaxants for intermittent use. The Soma 350mg. #60 is not supported by Guidelines and is not medically necessary.