

<b>Case Number:</b>	CM15-0096246		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	07/13/2007
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 46 year old female, who sustained an industrial injury on 07/13/2007. The injured worker is currently working full time with modifications. The injured worker is currently diagnosed as having left pyriformis muscle syndrome, central disc protrusion at L5-S1 touching S1 nerve root, S1 radiculopathy, status post fluoroscopically guided bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation, bilateral lumbar facet joint pain at L4- L5 and L5-S1, lumbar facet joint arthropathy, right paracentral disc protrusion at L5-S1 with annular disc tear, central disc protrusion at L4-L5, and migraine headaches. Treatment and diagnostics to date has included lumbar radiofrequency ablation, lumbar epidural steroid injection, and medications. In a progress note dated 02/17/2015, the injured worker presented with complaints of bilateral low back pain. Objective findings include tenderness to the lumbar paraspinal muscles with restricted lumbar and knee range of motion. The treating physician reported requesting authorization for Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 29.

**Decision rationale:** The MTUS states that Soma is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350 mg #120 is not medically necessary.