

<b>Case Number:</b>	CM15-0097615		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	06/19/2000
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 41-year-old male, who sustained an industrial injury on June 19, 2000. He reported symptoms involving his head, neck, upper and lower extremities and his back. Treatment to date has included MRI, CT scan, surgery, medication, chiropractic care, psychological, acupuncture treatments, urine drug screen and TENS unit. Currently, the injured worker complains of low back pain that radiates to his neck and both shoulders and is rated 8-10 on 10. The pain is exacerbated with exercise and activity. He also reports sleep disturbance due to pain. The injured worker is diagnosed with right shoulder derangement, post lumbar laminectomy syndrome (stable), sexual dysfunction, major depression and mixed personality traits. His work status is permanent and stationary. A note dated May 9, 2015 states the injured worker did not receive efficacy for the TENS unit. The note also states the injured worker is able to sleep for four to five hours (uninterrupted) with medication and he is unable to sleep without it. A note dated May 13, 2015 states the injured worker experiences improved sleep with Lunesta. The injured worker reports difficulty engaging in activities of daily living. He reports his pain is decreased from 10 on 10 to 8 on 10 with medication. He has a slow, altered gait and uses a cane. On examination, of the same date, there are spasms at L5 and triggers are present at L4 and L5. There is decreased sensation in his thighs, he is unable to heel-toe walk and there is a decreased range of motion in the right shoulder. The medication, Soma 350 mg #120 with 2 refills to treat muscle spasms is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Carisoprodol (Soma).

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

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for more than 3 weeks without clear evidence of spasm or exacerbation of his pain. There is no justification for prolonged use of Soma. Therefore, the request for Soma 350mg #120 with 2 refills is not medically necessary.