

<b>Case Number:</b>	CM14-0142729		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 32-year-old female with a 4/22/13 date of injury. A specific mechanism of injury was not described. According to a handwritten progress report dated 8/4/14, the patient complained of worsening lumbar spine pain associated with stiffness and weakness. Objective findings: tenderness to palpation of lumbar spine with spasms, and decreased sensation. Diagnostic impression: status post lumbar spine surgery, severe pain/spasms. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 8/29/14 denied the request for Soma. There was no clear detail indicating any specific objective muscle spasms and no clear detail was provided as to whether this medication was being prescribed by the short or long term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma Qty 42:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

**Decision rationale:** CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. However, it is noted that the patient has been on tizanidine, a different muscle relaxant, since at least 3/17/14, prior to the initiation of Soma on 8/4/14. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, the patient is also taking Norco. Guidelines do not support the concurrent use of Soma and opioid medications, due to the risk of adverse effects, such as sedation. Therefore, the request for Soma, Qty 42 was not medically necessary.