

<b>Case Number:</b>	CM13-0008792		
<b>Date Assigned:</b>	09/12/2013	<b>Date of Injury:</b>	05/30/2003
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in ABPM, and is licensed to practice in California. 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 physician 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 female claimant sustained an injury on 5/30/03 which resulted in back pain, shoulder pain and carpal tunnel. She has been on SOMA for muscle spasms for over one year, as well as Norco and Lidoderm patches for pain control, and Fioricet for headaches. A recent examination on 8/19/13 indicated continued neck pain, spasms and numbness in the arms. These findings are essentially unchanged from prior monthly exams performed in 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, quantity unknown:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the MTUS guidelines, SOMA (Carisoprodol) is not recommended for longer than a two to two week period. It is a muscle relaxant and has no benefit over Final Determination Letter for IMR Case Number CM13-0008792 3 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). It can augment other medications such as alcohol or opioids and can have a heroin like effect; intoxication includes decreased cognitive function. In this case, the claimant had been using SOMA for over a year with no significant improvement in

spasticity. In addition, there is mention of amnesia in the August progress note, which can be attributed to drug toxicities. Based on the guidelines cited above, SOMA is not medically necessary.