

<b>Case Number:</b>	CM13-0025319		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/26/1996
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, chest, shoulder, and mid back pain reportedly with an industrial injury of September 26, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical agents; Botox injection; a TENS unit; psychological counseling; unspecified amounts of acupuncture over the life of the claim; and apparent return to some form of work. In a utilization review report of August 19, 2013, the claims administrator apparently denied a request for Soma. The applicant later appealed. An earlier progress note of May 2, 2013 is notable for comments that the applicant is using OxyContin, Soma, Seroquel, MiraLax, famotidine, and Flector. The applicant is permanent and stationary. The applicant states that his usage of medications is allowing him to work and remain functional.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg # 90 with two (2) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®).

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

**Decision rationale:** As noted on page 29 of The MTUS Chronic Medical Treatment Guidelines, Soma or carisoprodol is not recommended for chronic or long-term use. It is not recommended as addition to other agents, particularly opioid agents. In this case, the attending provider has not furnished any compelling rationale or narrative so as to try offset the unfavorable MTUS recommendation. Therefore, the request is not certified.