

<b>Case Number:</b>	CM13-0032080		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 55-year-old female who reported an injury on 01/14/2009. The mechanism of injury was noted to be cumulative trauma from repetitive lifting. Her symptoms include pain in the neck and lower back, occasional headaches, and pain in both shoulders and both upper arms. The objective findings include tenderness to the cervical paraspinals, spasm of the cervical spinal muscles, tenderness to the lumbar paraspinals, as well as spasm and guarding, and limited range of motion of the lumbar spine. The patient's diagnoses include status post C5 to C7 anterior cervical discectomy and fusion, lumbar stenosis, right shoulder pain following subacromial decompression and debridement, left shoulder pain following subacromial decompression and closed manipulation, bilateral tennis elbow, right wrist pain following carpal tunnel release, left carpal tunnel syndrome, and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350 mg #60:** 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:** The California MTUS Guidelines state that Soma is not recommended for long-term use. It further specified that Soma is now scheduled in several states, but not on a federal level, 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. As this medication is not recommended for long-term use, the request is not supported by Guidelines. Therefore, the request for Soma 350 MG #60 is not medically necessary and appropriate.