

<b>Case Number:</b>	CM13-0034211		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	01/14/2003
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 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.

### 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 and upper extremity pain, and bilateral shoulder pain reportedly associated with cumulative trauma at work, first claimed on June 14, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; prior cervical discectomy and spinal fusion at C5-C6; unspecified amounts of acupuncture over the life of the claim; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; extensive periods of time off of work, the applicant has since retired, it is noted; and has a home traction unit. In a utilization review report of October 4, 2013, the claims administrator certified a home traction unit, partially certified a request for tramadol 150 mg with a 15-tablet wean supply of the same, denied a request for Soma, and denied a request for a trigger point injection. The applicant's attorney later appealed. A November 21, 2013, note has been blurred somewhat as a result of repetitive photocopying, is notable for comments that the applicant has numbness in the ulnar nerve distribution. She is on a variety of medications, including Aciphex, Celebrex, TriCor, Zocor, Neurontin, Celebrex, Tramadol, Soma, Compazine, Lyrica, and Cymbalta. She does have co-morbid hypertension. She is reportedly exercising daily and is/was an office manager. She was asked to continue acupuncture. She is given a prescription for Neurontin. Her activities of daily living are reportedly "unchanged." An earlier note of November 6, 2013, again states that the applicant has had improvement with acupuncture. However, the applicant's response to medications is not detailed. In an October 24, 2013, note, the applicant reports 6/10 pain and states that acupuncture and Soma are helpful. The applicant's response to other medications is not detailed or described. Additional acupuncture is endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision For Prescription for SOMA 350MG QTY 90: Upheld**

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

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

**Decision rationale:** Carisoprodol (Soma®): Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol 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. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes. It is not recommended on a thrice daily, scheduled use for which it is being proposed here. It is not recommended for use in conjunction with other medications. In this case, the applicant is using numerous analgesic medications, including Tramadol, Celebrex, Neurontin, etc. Adding Soma to the mix is not indicated. Therefore, the request is not certified.