

<b>Case Number:</b>	CM13-0059360		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/21/2000
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 56-year-old male with a reported date of injury on February 21, 2000. The injured worker reported mid-back pain with radiation to the low back, right-sided low back pain, neck pain and radiation to this right shoulder, and right shoulder pain. Upon physical exam, there was slight tenderness upon palpation to the mid and lower paracervical muscles with mild spasm. Active range of motion of the cervical spine was 80% of normal, extension 70%, right lateral flexion 80%, and left lateral flexion 80%. On exam of the thoracolumbar spine, palpation showed light tenderness and spasm of the parathoracic muscles. There was a tender point over the T8-10 region and the parathoracic region. Upon active range of motion of the thoracolumbar spine, flexion was 80% and extension 80%. The injured worker had diagnoses including thoracolumbar strain with herniated nucleus pulposus, cervical strain, right shoulder strain, and stomach and gastrointestinal upset due to the use of NSAIDs. The treatment plan included recommendations to continue Norco 10/325mg (1 tablet 4 times a day as needed for pain) and Soma 350mg (1 tablet twice a day as needed for flare-ups of muscle spasms).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF SOMA 350MG #40:** 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®).

**Decision rationale:** The California MTUS Guidelines state that Soma is not recommended and indicated for long-term use. Ongoing monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors is recommended. Tapering should be individualized. The clinical information submitted for review failed to provide evidence of the effectiveness of the medication. It was unclear how long the patient has been utilizing the medication, as the guidelines do not recommend long-term use. As such, the request is non-certified.