

<b>Case Number:</b>	CM14-0000819		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/01/2002
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 56-year-old woman who sustained a work-related injury on September 01, 2002. She subsequently developed a chronic neck pain with spasm. She underwent three cervical spine operations. According to a note dated on October 3 2013, the patient was reported to have pain in his neck with spasm and reduced ability to function. The patient's physical examination demonstrated functional upper extremity range of motion and strength of 4/5 and moderate atrophy of the cervical paraspinal muscles with tight bands in the left neck. Her neck range of motion was limited in all directions. According to [REDACTED] December 02, 2013 report, the patient is currently taking Methadone three times a day and still taking Soma TID. The provider requested authorization to use Soma 350 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG Q6 PRN #120:** Upheld

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

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

**Decision rationale:** According to California MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Although the patient was previously documented to have a muscle spasm, there is no justification of prolonged use of Soma 350mg Q6 PRN #120. The request for Soma is not medically necessary.