

<b>Case Number:</b>	CM14-0005363		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Family Medicine, has a subspecialty in Pain Management 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 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:

A 43 yr. old male claimant sustained a work injury on 1/30/07 involving the right elbow, left elbow and left wrist. The claimant had taken SOMA and Oxycontin for pain since at least December 2012 (based on the records provided). The left wrist exam has had consistent findings over a year with positive Phalen's and Tinnel's signs. An exam note on 11/23/13 indicated increased pain in the left wrist. He had swelling in the right elbow and tenderness in the lateral epicondyle. Phalen's and Tinel's were again positive. A request was made to continue Roxicodone, Oxycontin and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol.

**Decision rationale:** The Expert Reviewer's decision rationale: 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. Based on the guidelines, the claimant's long-term use, minimal change in exam and no significant subjective pain improvement, the continued use of SOMA is not medically necessary.