

<b>Case Number:</b>	CM14-0006799		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Occupational 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 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:

This is 47-year-old female with a date of injury of 11/9/12. The mechanism of injury occurred while working and performing repetitive lifting activities. On 12/18/13, she complained of neck pain radiating down the left arm and left interscapular area, and low back pain radiating to the left buttock. She has low back pain with prolonged sitting or activities such as running, daily housekeeping activities, which improved with massage, hot tub and yoga. On exam there was pain on palpation along the lumbar paraspinal musculature. The diagnostic impression is cervical and lumbar strain, L4-5 and cervical spondylosis. Treatment to date: physical therapy, medication management. A UR decision dated 1/8/14 denied the request for Soma. The rationale for denial was not included in the records submitted.

### 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 : 9792.24.2 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 29, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodal).

**Decision rationale:** CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. Carisoprodol (Soma) is not recommended for use and guidelines do not support its use. In addition, the patient has also been prescribed Restoril for sleep and Xanax for anxiety both of which are in the class of benzodiazepines. Soma has been known to augment or alter the effects of other medications, such as benzodiazepines, which puts the patient at risk for increased sedation. In addition, on 12/26/13, Soma was discontinued due to the side effects. Therefore, the request for Soma 350mg #90 was not medically necessary.