

<b>Case Number:</b>	CM14-0011124		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/07/1998
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 65-year-old female who was reportedly injured on August 7, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of bilateral knee pain and back pain. Current medications were stated to include hydrocodone, ibuprofen and Soma. There was also use of a TENS unit. The physical examination demonstrated tightness and tenderness over the trapezius muscles and limited cervical spine range of motion. There was a normal upper extremity neurological examination. Discomfort was also noted with flexion and extension of the bilateral knees. There was a diagnoses of left knee pain status post total knee replacement, degenerative joint disease of the right knee and cervical myofascial pain. TENS unit supplies were refilled as well as prescriptions of ibuprofen, Norco, and Soma. A request had been made for Soma and was not certified in the pre-authorization process on January 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350 MG # 130:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (EFFECTIVE JULY 18, 2009), CARISOPRODOL Page(s): 29 of 127.

**Decision rationale:** The attached medical record states that the injured employee had previously been prescribed Soma, and it was stated that it lasts for four hours with 50% relief of muscle spasms. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the use of Soma was not recommended. Specifically, it was stated that it was 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). There is no justification in the attached medical record for the use of Soma over the use of other muscle relaxants. For these reasons, this request for Soma is not medically necessary.