

<b>Case Number:</b>	CM14-0016429		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	04/27/2004
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 56 year old female who was injured on 04/27/2004. Mechanism of injury is unknown. Her diagnoses include low back pain, cervicgia, myofascial pain and right shoulder pain. Her medical therapy includes Alprazolam, 0.25 mg qid, Carisoprodol 350 mg 6-8h prn, Cymbalta 60 mg bid, and Tramadol 200 mg qd. Progress note dated 01/02/2014 documented the patient to have complaints of right hip, neck, shoulder pain and low back pain. Her medications control the pain well without side effects. She will be out of town until the end of April so we will give her enough refills. Objective findings on exam included cervical appearance within normal limits. Palpation to the cervical spine was non-tender. Cervical range of motion with some mild discomfort on rotation. Lumbar appearance within normal limits. Palpation of the lumbar spine was tender bilaterally in the paraspinous muscles. Lumbar range of motion uncomfortable with extension, rotation and flexion. Examination of the upper extremities revealed tender to palpation of the right shoulder. Range of motion limited with right shoulder flexion and abduction. Reflexes and sensory were not examined. The treating provider has requested Soma 350mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG QUANTITY (90) DAY SUPPLY 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines, Carisoprodol ( Soma) is not recommended for the long-term treatment of musculoskeletal pain. The medication has its greatest effect within 2 weeks. It is suggested that the main effect of the medication is due to generalized sedation and treatment of anxiety. Soma is classified as a Schedule IV drug in several states. It can cause physical and psychological dependence as well as withdrawal symptoms with abrupt discontinuation. The documentation does not indicate there has been any functional improvement from previous use of this medication. Per Chronic Pain Medical Treatment Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for chronic use of this muscle relaxant medication has not been established. The requested treatment is not medically necessary.