

<b>Case Number:</b>	CM14-0116089		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 records presented for review indicate that this 55 year-old individual was reportedly injured on 4/16/2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 6/9/2014, indicates that there are ongoing complaints of neck pain that radiates into the left upper extremity. The physical examination demonstrated cervical spine: positive tenderness to palpation in the cervical spine C4-C6, range of motion limited with pain. Decreased sensation on the left. Diagnostic imaging studies include an MRI of the cervical spine as well as MRI of the left shoulder dated 1/16/2014 which reveals minimal tendinosis of the rotator cuff tendon, no tear. Posterior superior labral tear with associated para labral cyst and degeneration of the anterior superior labrum. Cervical spine bilateral hypertrophy at C3-C4, C4-C5, C5-C6 with mild-moderate spinal canal stenosis and neural foraminal stenosis. Previous treatment includes medications, radiofrequency ablation, and conservative treatment. A request had been made for Soma 350 mg #30 and was not certified in the pre-authorization process on 7/9/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**Decision rationale:** The MTUS specifically recommends against the use of soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the MTUS against the use of this medication, this medication is deemed not medically necessary.