

<b>Case Number:</b>	CM14-0119187		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 & Rehabilitation 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 a 54-year-old male with a 2/24/10 date of injury. The mechanism of injury was not noted. According to a progress report dated 2/11/14, the patient complained of low back pain since at least 6 years. He rated the pain as 10/10 severity. The patient also complained of right shoulder pain that radiated to the right arm, rated as 10/10 severity. Objective findings: paraspinal tenderness, decreased ROM in right shoulder. Diagnostic impression: lumbar radiculopathy and spondylosis, cervical radiculopathy and spondylosis, rotator cuff tear. Treatment to date: medication management, activity modification. A UR decision dated 7/7/14 denied the request for Soma. This medication is a sedating muscle relaxant and is apparently being utilized for long-term treatment. In addition, documentation provided does not identify acute pain or an acute exacerbation of chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29.

**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 (Carisoprodol)

**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. It is documented that the patient has been on Soma since at least 1/13/14, if not earlier. Guidelines do not support the long-term use of Soma. In addition, the patient is also taking the opioid medication, Norco. Guidelines do not support the use of opioids and Soma, due to the increased risk of adverse effects, such as sedation. There is no documentation of an acute exacerbation to the patient's pain. Therefore, the request for Soma 350mg #60 was not medically necessary.