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| <b>Case Number:</b>   | CM14-0128212 |                              |            |
| <b>Date Assigned:</b> | 09/23/2014   | <b>Date of Injury:</b>       | 04/20/2011 |
| <b>Decision Date:</b> | 11/28/2014   | <b>UR Denial Date:</b>       | 08/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2014 |

### 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, has a subspecialty in Pain 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 a patient with a date of injury of April 20, 2011. A utilization review determination dated August 7, 2014 recommends weaning of Soma and certification of Norco. A pharmaceutical review dated February 19, 2014 recommends reduction of soma to no more than 2 to 3 times per week. A progress report dated May 22, 2014 identifies current complaints including carpal tunnel syndrome, lumbar spine issues, post-concussion syndrome, and thoracic back pain. Objective examination findings reveal painful range of motion in the spine with right arm and hand tremor. Diagnoses include cervical radiculopathy, lumbar radiculopathy, myofascial hypertonicity, post-concussion syndrome, shoulder impingement syndrome, carpal tunnel syndrome, shoulder pain, lumbar strain, and neck pain. The treatment plan recommends Norco and an interventional pain management consultation. A Medrol dose pack and Soma are also prescribed. The patient is referred to a neurologist and orthopedic surgeon as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

**Decision rationale:** Regarding the request for Carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Carisoprodol (Soma) is not medically necessary.