

<b>Case Number:</b>	CM14-0155000		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/07/2006
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 41-year-old female who reported an injury on 03/07/2006 after falling down. The injured worker complained of spinal and lumbosacral pain. The diagnoses included cervical disc disease, cervical radiculopathy, cervical facet syndrome, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy and chronic pain. The injured worker underwent a cervical fusion dated 03/26/2013. The medications included Oxycontin 30 mg one 3 times a day, Norco 10/325 mg one 4 to 6 times a day, Topamax 50 mg 1 by mouth 4 to 6 times a day, Lidoderm patch 1 month's supply and Soma 350 mg 1 by mouth twice a day. The physical examination dated 06/27/2014 of the cervical spine revealed posterior spasms with tightness and tenderness noted over the cervical paraspinal muscle and a well healed surgical scar to the anterior neck. Range of motion with a flexion of 30 degrees bilaterally and an extension of 40 degrees bilaterally. The upper extremity muscle testing revealed a shoulder abduction of 4/5 bilaterally. The injured worker rated her pain as 8/10 using the VAS. The treatment plan included authorization for a TENS unit and interferential unit for home use and Soma 350 mg #60. The Request for Authorization dated 09/25/2014 was submitted with documentation.

### 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 Opioids Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The request for Soma 350 mg #60 is not medically necessary. The California MTUS not recommend Soma. The medication is not intended for long term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. The documentation provided indicated that the injured worker was prescribed the Soma on 05/03/2014 and again on 06/27/2014. The request is for an additional 60 tablets. The guidelines recommend for short term use. The request did not indicate the frequency or the duration. As such, the request is not medically necessary.