

<b>Case Number:</b>	CM14-0157656		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	10/04/2004
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 64-year-old male who reported an injury on 10/04/2004. The mechanism of injury was not submitted for clinical review. The diagnoses included tendonitis, and status post right shoulder scope with RC repair. The previous treatments included medication, and physical therapy. Within the clinical note dated 08/21/2014, it was reported the injured worker complained of right shoulder and lumbar spine pain. He complained of numbness and tingling. Upon the physical examination, the provider noted the right shoulder showed a well healed scar. The range of motion was noted to be forward flexion and abduction of 165 degrees, and internal rotation is to T12. The injured worker had paraspinal muscle tenderness with painful range of motion. There was a positive straight leg raise noted bilaterally. The provider requested Soma for muscle spasms. The Request for Authorization was submitted and dated 08/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Soma 350mg (DOS:8/21/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines do not recommend the medication to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since 08/2014, which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.