

<b>Case Number:</b>	CM14-0158271		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	12/24/1999
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 51 year old male who was injured on 12/24/1999. He was diagnosed with shoulder pain, cervical spine myofascial pain syndrome, carpal tunnel syndrome, lumbar spinal stenosis, lumbosacral radiculitis, acromioclavicular sprain/strain, wrist sprain/strain, and lumbar sprain/strain. He was treated with medications, including NSAIDs, muscle relaxants, and opioids. On 8/19/2014, the worker was seen by his primary treating physician complaining of constant neck pain with muscle spasm rated at 7.5/10 on the pain scale and associated with radiation to both arms. He also reported constant low back pain rated at 8/10 on the pain scale and also associated with radiation to both legs and swelling in both legs. He also reported constant right elbow pain and bilateral wrist pain rated 6-7/10 on the pain scale. The worker reported using Norco, Soma, and Motrin regularly. Physical examination revealed decreased range of motion of the right shoulder and decreased strength of the right shoulder and right arm. He was then recommended to undergo right shoulder MRI, start physical therapy for the lumbar spine, and continue the Norco, Soma, and Motrin as he had been using them previously.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg QTY: 60:** 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 carisoprodol Page(s): 63-66, 29.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. The worker in this case had been using carisoprodol what appears to be chronically leading up to this request, according to the notes available for review as opposed to it being a recent new medication for short-term use. There was no evidence that suggested he was experiencing an acute flare-up that might have justified continuation of carisoprodol for a short period of time. Chronic use of this medication is not appropriate use of this medication and continuing it is not medically necessary.