

<b>Case Number:</b>	CM14-0171311		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/22/2005
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Occupational Medicine General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 60 year old female with date of injury of 8/22/2005. A review of the medical records indicate that the patient is undergoing treatment for bilateral wrist pain from carpal tunnel syndrome. Subjective complaints include continued pain and tingling in her wrists with some weakness in her hand bilaterally. Objective findings include limited range of motion of bilateral wrists with tenderness to palpation over the medial aspects of the wrists; negative Tinel's and Phalen's bilaterally. Treatment has included bilateral carpal tunnel release, Carisoprodol and Norco. The utilization review dated 10/15/2014 non-certified Carisoprodol 350mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #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 Carisoprodol (Soma) and Muscle relaxants (for pain), Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol)

**Decision rationale:** MTUS states regarding Carisoprodol (Soma), "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." The patient has been on the medication for at least several months. Guidelines do not recommend long term usage of Soma. Treating physician does not detail circumstances that would warrant extended usage. As such, the request for Carisoprodol 350 MG # 60 is not medically necessary. The patient has been on the medication for at least several months. Guidelines do not recommend long term usage of Soma. Treating physician does not detail circumstances that would warrant extended usage. As such, the request for Carisoprodol 350 MG # 60 is not medically necessary.