

<b>Case Number:</b>	CM14-0185571		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	11/15/2006
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 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 42-year-old female with an 11/15/06 date of injury. The patient was seen on 11/4/14 with complaints of right cervical spine pain and spasms, right shoulder pain, bilateral elbow pain, and bilateral wrist/hand pain. Exam findings revealed restricted range of motion in the left shoulder and neck, positive impingement signs in the left shoulder and tenderness upon palpation of the bilateral wrists, right elbow, and left medial elbow. The muscle stretch reflexes were 1 and symmetric bilaterally, in the upper and lower extremities. The exam of the cervical spine revealed tenderness to palpation over the paraspinals, spasm and restricted range of motion due to pain. The patient has been noted to be on Valium, Norco, Soma, Ambien, Abilify and Ibuprofen. The progress note stated that the patient utilized Soma only for 30 days, and that it provided 80% improvement in the patient's muscle spasms, and 80% improvement in the patient's activities of daily living (ADLs). The physician stated that the patient failed Robaxin and Baclofen. The diagnosis is cervicgia, left shoulder impingement and bursitis and bilateral carpal tunnel syndrome. Treatment to date includes right shoulder surgery x2, left elbow surgery, bilateral carpal tunnel release, right C4-C5 and C6-C7 radiofrequency nerve ablation, right medical branch block, work restrictions, physical therapy and medications. An adverse determination was received on 10/27/14. The request for Soma 350mg # 60 was modified to 1 prescription of Soma 350mg #30 given that the patient was utilizing Soma for an extended time and weaning was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg 1 tab PO BID PRN #60 for spasm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29, 65. Decision based on Non-MTUS Citation FDA Carisoprodol (Soma)

**Decision rationale:** The California MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to Meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. However the progress notes indicated that Soma provided improvement in the patient's muscle spasms and ADLs, the guidelines do not recommend the use of Soma for longer than a 2 to 3 week period. In addition, the patient has been noted to be on opioid and benzodiazepine and Soma has been known to augment or alter the effects of these medications. Additionally, given that the patient's injury was over 8 years ago it is not clear, for how long the patient has been using muscle relaxants. Lastly, the UR decision dated 10/27/14 modified the request and certified 1 prescription of Soma 350mg #30 for purpose of weaning. Therefore, the request for Soma 350mg 1 tab PO BID PRN #60 is not medically necessary.