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| <b>Case Number:</b>   | CM14-0035267 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 09/01/2002 |
| <b>Decision Date:</b> | 08/14/2014   | <b>UR Denial Date:</b>       | 02/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/21/2014 |

### 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:

The injured worker is a 57-year-old female who was reportedly injured on 09/01/2002 as a result of lifting computers and cumulative trauma over the years in her job as a teacher's aide. The last examination dated 04/22/2014 listed complaints of pain in her neck, upper and lower back, and knees; weakness in both arms and hands, and headaches. She reported fluctuating difficulties with bowel/bladder function, initial and terminal sleep cycle difficulty, and fluctuating weight. Current medications were Benazapril, amlodipine, clonazepam, Soma, Prempro, meloxicam, Topiramate and bupropion. Visual inspection of her cervical spine revealed spasms in the cervical spine. A midline incision over the cervical spine was well healed. There was atrophy of the paraspinal muscles in the cervical region. A non-antalgic gait was noted. There was a slight decrease to light touch in the [entire] right upper extremity. Sensation to light touch in the lower extremities was intact. Neck range of motion included forward flexion of 20 degrees, extension of 20 degrees and right and left head tilting of 10 degrees. Biceps, triceps and brachioradialis reflexes were 2/4 on both sides. Strength in the right upper extremity was 5/5 throughout. Strength in the left upper extremity was 4/5 throughout. Spurling's maneuver was negative bilaterally. Tenderness to palpation was noted over the lower cervical spinous processes. A request was made for Soma 350mg, one by mouth (PO) every day (QD) for spasms, quantity 30 on 10/31/2013 and 12/16/2013 respectively but was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, one by mouth (PO) every day (QD) for spasms, quantity 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Section Page(s): 29 of 127.

**Decision rationale:** According to the California MTUS, carisoprodol is not recommended for chronic use. It has a high abuse potential and a number of undesirable side effects: 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. Therequest is not medically necessary.