

<b>Case Number:</b>	CM14-0035331		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/15/2002
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/21/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 59 year old female who was reportedly injured on October 15, 2002. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated March 21, 2014, indicated there were ongoing complaints of cervical spine pain radiating to the shoulder. The physical examination demonstrated decreased cervical spine range of motion. The treatment plan stated the use of muscle relaxers was being decreased; however, they have been shown to improve the injured employee's activities of daily living when taken twice per day. Previous usage was more than twice per day. Decreasing the usage of Butrans patches was also discussed. Previous treatment included cervical spine surgery and postoperative physical therapy. A request was made for Soma and was not certified in the pre-authorization process on February 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle Relaxants (for pain); Carisoprodol (Soma) Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 65.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, muscle relaxants such as Soma are indicated as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Even though the injured employee has a primary complaint of cervical spine pain rather than low back pain, there were no complaints of acute exacerbations nor were there any muscle spasms noted on physical examination. Additionally, Soma is classified as a Schedule IV drug. As the injured employee is currently using Butrans patches, there should be no indication to continue Soma twice a day every day. This request for Soma is not medically necessary.