

<b>Case Number:</b>	CM14-0037074		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 32 year old female with an injury date of 8/14/08 with related neck and back pain. An electromyography (EMG) and a nerve conduction velocity (NCV) study of the bilateral upper extremities, performed on 9/25/08, revealed an abnormal NCV and somatosensory evoked potential (SSEP) of the upper extremities in a pattern consistent with the right carpal tunnel syndrome; and a normal EMG of the cervical spine and upper extremities. An MRI of the cervical spine dated 9/18/09 revealed mild disc protrusion that abutted the thecal sac at C4-C5 and C6-C7; and congenital fusion at C5-C6. Per a 2/14/14 pain medicine follow up, the injured worker noted an increase in her back pain and was considering Spinal Cord Stimulation (SCS). The injured worker was working at this time. The documentation submitted for review does not indicate that physical therapy was utilized. She has been treated with medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg one po (orally) tid (three times a day) prn (as needed), #90, prescribed 2/14/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Carisoprodol Page(s): 29.

**Decision rationale:** Per the California MTUS, 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. Therefore, medical necessity cannot be affirmed.