

<b>Case Number:</b>	CM14-0072561		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 9, 2011. Thus far, the Injured worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and muscle relaxants. In a Utilization Review Report dated March 1, 2014, the claims administrator failed to approve a request for Soma. In a June 9, 2014 progress note, the injured worker was described as having persistent complaints of low back pain. She was using Tylenol with Codeine for complaints of shoulder pain, low back pain, adhesive capsulitis of the shoulder, and fibromyalgia, it was acknowledged. The injured worker was also using unspecified topical creams, it was further noted. In a progress note dated March 13, 2014, the injured worker was again described as having ongoing complaints of low back pain and was status post shoulder surgery and trigger thumb. She was reported of having pain of 6/10 pain. The injured worker's complete medication list was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol/Soma 350 mg #90, 23 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines, Weaning, Scheduled Medications (General Guidelines).

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the injured worker is, in fact, concurrently using Tylenol with Codeine, an opioid agent. Adding Carisoprodol or Soma to the mix on a chronic, long-term, and scheduled use purpose implied by the 90-tablet supply proposed here, is not indicated. Therefore, the request is not medically necessary.