

<b>Case Number:</b>	CM14-0074779		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on April 28, 2010. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated July 23, 2014, indicated that there were ongoing complaints of neck pain, mid-back and low back pain. The pain level was described as 4/10. The physical examination demonstrated a 5'1", 125 pound individual who was normotensive. Diagnostic imaging studies (electrodiagnostic) noted there was evidence of a mild sensory nerve neuropathy, MRI noted a mild spondylolisthesis. Previous treatment included surgical intervention, physical therapy, multiple medications and pain management interventions. A request had been made for Soma and was not certified in the pre-authorization process on May 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Carisoprodol) Soma 350 mg Qty 40:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such, with the very specific recommendation of the MTUS against the use of this medication, (Carisoprodol) Soma 350 mg is not medically necessary.