

<b>Case Number:</b>	CM14-0093233		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & 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:

This 49 year old male injured worker with date of injury 9/7/07 with related neck, knee, and abdominal pain. Per progress report dated 5/14/14, the injured worker also complained of numbness and tingling in the upper extremities. He rated his pain 10/10 in intensity. He complained of neck pain that radiated to both upper extremities, left greater than right, associated with paresthasias but no significant numbness or weakness. He also complained of right knee pain that was constant, dull, and aching, that was moderate-severe in intensity. Per physical exam, tenderness and spasm were noted in the cervical extensors and upper trapezius muscles. Treatment to date has included physical therapy and medication management. The date of Utilization Review (UR) decision was 6/4/14.

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

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

**Decision rationale:** Per MTUS CPMTG p29, "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." As this medication is not medically necessary and appropriate.