

<b>Case Number:</b>	CM14-0188904		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	02/17/1989
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Emergency 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 60 year-old male sustained an industrial injury on 2/17/1989. The exact mechanism of injury is not available. There is no physical exam or functional status available. On 3/6/14 the injured worker was (evaluated every six months) evaluated for his constant left knee discomfort. His medications include Naprosyn, Soma and Prilosec on a regular basis which allows him to function (the exact functional level is not documented). These medications are prescribed every six months. He tolerates the medication well. On 9/8/14 the injured worker was again evaluated with no change in symptoms or treatment. On 10/28/14 Utilization Review non-certified Soma 350 mg #30 based on lack of documentation of diagnostic testing, drug screens or clinical history which, if available, may indicate increased functionality per ACOEM and ODG Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodol 350, Vanadom, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol; Muscle Relaxants Page(s): 29, 63-66.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use, which has been prescribed since at least March 2014. The criteria noted above not having been met, Soma 350mg #30 is not medically necessary.