

<b>Case Number:</b>	CM14-0207149		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/15/2006
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

### 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 42-year-old female, with a reported date of injury of 11/15/2006. The diagnoses include right cervical facet joint pain, cervical facet joint arthropathy, chronic neck pain, status post diagnostic right C4-5 and C6-7 medial branch block, status post fluoroscopically-guided right C4-5 and C6-7 radiofrequency nerve ablation, status post positive fluoroscopically-guided diagnostic right medial branch block, left shoulder impingement, left shoulder bursitis, bilateral upper extremity repetitive injury, bilateral carpal tunnel syndrome, bilateral ulnar neuropathy, status post bilateral carpal tunnel release, status post left elbow surgery, and status post right shoulder surgery times two. Treatments have included Valium, Norco, Ibuprofen, Soma, Cymbalta, Baclofen, bilateral carpal tunnel release, left elbow surgery, and right shoulder surgery times two. The progress report dated 12/02/2014 indicates that the injured worker had right neck pain, right shoulder pain, bilateral elbow pain, and bilateral wrist/hand pain. The injured worker reported increased episodic severe right neck pain and spasms. She rated the pain 7 out of 10. The physical examination showed restricted range of motion of the left shoulder and neck due to pain in all directions; left shoulder impingement signs; tenderness upon palpation of the bilateral wrists, right lateral elbow, and left medial elbow; positive neck spasms; cervical extension was worse than cervical flexion; and tenderness on palpation of the cervical paraspinal muscles overlying the right C4-5 and right C6-7 facet joints. The treating physician requested Soma 350mg by mouth two times a day #60 for acute spasms. It was noted that the Soma provided 80% improvement of the injured worker's spasm with 80% improvement of her activities of daily living. The injured worker was on an up-to-date

pain contract and her previous urine drug screen was consistent with no abnormal behaviors. The injured worker had failed Robaxin and Baclofen. On 12/04/2014, Utilization Review (UR) denied the request for Soma 350mg #60, one (1) tablet by mouth twice a day as needed. The UR physician noted that Soma is not recommended for long-term use, and the injured worker had been on Soma according to the 09/16/2014 report; the injured worker was also taking Norco and the combination of Norco and Soma is not recommended. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg 1 tab PO BID PRN for Spasm #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain).

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

**Decision rationale:** Carisoprodol is not recommended. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The request should not be authorized.