

<b>Case Number:</b>	CM14-0209081		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/09/1999
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 60 year old male who sustained an industrial injury on 11/09/1999. The injured worker was diagnosed with wrist fracture, chronic lumbosacral strain, cervical sprain/strain and prolonged post-traumatic stress disorder. No surgical interventions were documented. The injured worker has received psychiatric counseling and medications. According to the primary treating physician's progress report on November 12, 2014, the injured worker continues to experience low back and neck pain. He also reports difficulty sleeping. Objective findings noted tenderness at L4 with normal gait. Motor and sensory were intact and medications were 50% effective in managing pain. Current medications were listed as Celebrex and Soma. Treatment plan consists of medication renewal, follow-up in clinic in 3 months and the current request for Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page 41-42, 63-66.

**Decision rationale:** MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Soma is not indicated a medical necessity to the patient at this time.