

<b>Case Number:</b>	CM15-0000421		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 55 year old woman who reported an industrial injury dated November 5, 2003. The mechanism of injury is not described in the available records. Treatment to date has included bilateral shoulder surgeries, and medications. Current diagnoses include lumbar degenerative disc disease with associated lumbar facet syndrome, impingement syndrome of bilateral shoulders, status post arthroscopic rotator cuff repair of bilateral shoulders; and cervical degenerative disc disease with cervical disc protrusions at C4-5, C5-6, and C6-7. The patient continues to complain of neck, back and bilateral shoulder pain. Physical exam reveals tenderness and decreased range of motion of neck, back and bilateral shoulders. Work status is always listed in the available records as modified with significant restrictions, which include no lift/pull/push over 5 lbs and no stooping or bending over 2 hours per day. The status does not change from 6/18/14 to 12/17/14. It does not appear that the patient is actually working. There is a handwritten note from her on 12/17.14 which states "Doesn't look like I'm ever going to be able to work again--need SSDI". The 12/17/14 note from the treating orthopedist states that the patient has been taking Norco and Soma. Her neck pain is worse and she is unable to drive. The treatment plan included refilling Norco, Soma and Prilosec. The patient has taken Soma at least intermittently since 6/18/14, since the note from that visit documents that she was taking it at the time. On December 29, 2014 Utilization Review non-certified 1 prescription for Soma (carisoprodol), noting the lack of documentation of muscle spasms in the physical exam. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited. Originally the request was documented as Soma of unspecified dose and

quantity, but the reviewing physician was able to have the request clarified to Soma 350 mg BID for muscle spasms #60. Nevertheless a request for IMR was submitted for "Soma unspecified dose and quantity".

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

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

**Soma (Carisodprodol), unspecified dosage and quantity, per 12/18/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, page 60; Carisoprodol, page 29 Page(s): 60, 29.

**Decision rationale:** Soma is brand-name carisoprodol, which is a centrally acting skeletal muscle relaxant. According to the first guideline cited above, medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. The second guideline states that carisoprodol is not recommended, and is not indicated for long-term use. Its primary metabolite, meprobamate, is a controlled substance. Carisoprodol has substantial abuse potential. It also may augment the effects of other drugs including benzodiazepines and hydrocodone. Some abusers claim that the combination of carisoprodol and hydrocodone produces effects that are similar to those of heroin. The records in this case reveal that this patient has been on Soma at least intermittently for 6 months. Although her work status is documented as modified, the modifications have not changed over the 6 months, and it does not appear that the patient is actually working. There is no documented evidence that Soma has improved the patient's level of function in any way. Given its sedating effects, especially taken twice per day in combination with the Norco she is also taking, it seems possible that Soma is contributing to this patient's low functional level. Taking the evidence-based guidelines cited above and the clinical findings in this case into account, Soma of unspecified dose and quantity (or Soma 350 mg #60) is not medically necessary. It is not medically necessary because it is not recommended by MTUS guidelines, because it should not be taken long-term, and because its use has not resulted in any functional improvement in this patient and may in fact be contributing to her ongoing low level of function.