

<b>Case Number:</b>	CM15-0101408		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	03/19/1987
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 73 year old male, who sustained an industrial injury on 03/19/1987. He has reported subsequent neck and back and was diagnosed with lumbar spondylosis, bilateral L4 and L5 radiculopathy, neurogenic claudication, status post lumbar laminectomy, chronic intractable pain, cervicogenic migraine headache, C5-C6 disc herniation, cervical radiculopathy and C3-C5 degenerative disc disease. Treatment to date has included oral pain medication, cervical epidural steroid injection and a TENS unit. In a progress note dated 04/28/2015, the injured worker complained of neck pain radiating to the right C7 and C8 dermatomes. Objective findings were notable for tenderness to palpation of the paracervical muscles, tenderness over the base of the neck, skull, trapezius and interscapular space and decreased sensation of the right middle finger, right ring finger and right pinky finger. A request for authorization of Soma was submitted.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines -

Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 04/06/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29.

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged for this chronic injury of 1987. The Soma 350mg #60 is not medically necessary and appropriate.