

<b>Case Number:</b>	CM15-0109178		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic knee, neck, shoulder, and back pain reportedly associated with an industrial injury of December 7, 2005. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for carisoprodol (Soma). The claims administrator referenced an April 24, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. On April 24, 2015, the applicant reported multifocal complaints of neck, shoulder, back, knee, and ankle pain. All of the applicant's activities of daily living were curtailed secondary to pain, including standing, walking, and/or sitting. The applicant was no longer working as a licensed vocational nurse (LVN) and had been deemed disabled, the treating provider acknowledged. The applicant was also using a TENS unit. The applicant was using Soma, Norco, Ativan, Motrin, and Ambien, it was reported. The applicant was using Soma at a rate of four tablets a day. Multiple medications were renewed and/or continued, including the Soma at issue. Physical therapy and knee supports were also endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol(Soma) 350mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

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

**Decision rationale:** No, the request for Soma (carisoprodol) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. Continued usage of Soma was not, thus, indicated in conjunction with the same, particularly for the long-term, four-time daily usage for which it was seemingly proposed here. Therefore, the request was not medically necessary.