

<b>Case Number:</b>	CM15-0144930		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 58 year old female, who sustained an industrial injury on 11-9-11 Initial complaints were of a fall injury resulting in pain in the neck, back and hands. The injured worker was diagnosed as having pain in the thoracic spine; cervicgia; contusion knee-lower leg; contusion NOS; sprain of the neck; sprain thoracic region; sprain shoulder-arm NOS; carpal tunnel syndrome; impingement syndrome bilateral shoulders. Treatment to date has included physical therapy-aquatic therapy; home exercise program; medications. Currently, the PR-2 notes dated 3-16-15 indicated the injured worker complains of pain in her neck, back and both shoulders. She has pain with bending and lifting; reaching, pushing and pulling. She continues to experience radiating pain in both hands as well as weakness of both hands. She has numbness and tingling in both hands. She describes her pain level as 7 out of 10 and limits her activity by 35% of the normal. She reports the pain medications reduce this pain by 60%. Physical examination documentation notes cervical spine exam with flexion and extension measure 20 degrees with tenderness and spasm over the paravertebral trapezial musculature bilaterally. The thoracic spine examination noted limited range of motion with tenderness and spasm over the paravertebral musculature bilaterally. The right and left shoulders have limited abduction and flexion with tenderness to palpation. She has sensory decreased mildly to the middle and little finger for the right hand, The provider is requesting authorization of Soma 350mg Qty: 60.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg Qty: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 29, 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Based on the 03/16/15 progress report provided by treating physician, the patient presents with pain to neck, back and shoulders, rated 7/10. The request is for SOMA 350MG QTY: 60.00. Patient's diagnosis per Request for Authorization form dated 03/16/15 includes contusion/hematoma, pain cervical spine, pain in thoracic spine, and shoulder impingement syndrome. Physical examination on 03/16/15 revealed tenderness and spasm to cervical and thoracic paravertebral musculature, and decreased range of motion. Patient's medications include Soma, Fenoprofen, Tylenol #3, and topical compound. The patient remains permanent and stationary, per 03/16/15 report. Treatment reports were provided from 01/09/15 - 03/16/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The request IS / IS NOT medically necessary. Soma has been included in patient's medications, per progress reports dated 01/09/15, 02/06/15, and 03/16/15. It is not known when this medication was initiated. Per 03/06/15, treater states "medication helps reduce [the patient's] pain symptoms by 60%." However, MTUS recommends Soma, only for a short period (no more than 2-3 weeks). The patient has been prescribed Soma at least since 01/09/15, which is more than 5 months from UR date of 06/29/15. This request is not in accordance with guideline recommendations. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.