

<b>Case Number:</b>	CM15-0146704		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	10/02/2003
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old male who sustained an industrial on 10-2-03. Treatments include: medication, physical therapy, injections and surgery. Progress report dated 7-10-15 reports continued complaints of neck, bilateral shoulder, bilateral wrist and right thumb pain. The neck has pain and spasms down into both shoulders and upper back. The right and left shoulders have pain, numbness and tingling into the fingertips. Bilateral wrists have pain and numbness, the right is worse than the left. The right thumb has continued stiffness. Diagnoses include: status post cervical spine fusion in 2009, status post right shoulder slap repair decompression on 4-27-05 and 7-15-09, trigger thumb right status post op release, status post bilateral carpal tunnel release with residuals 11-30-12 and hearing loss. Plan of care includes: discussion and education of medication regimen, request refill of Soma 350 mg 1 at night, #30 and naproxen 550 mg 1 two times per day, #60. Work status: remain off work until 6 weeks. Follow up in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POS RFA Carisoprodol tab 350mg, Day supply: 30, Qty: 30, refills: 01: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma)- Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Carisoprodol (Soma®).

**Decision rationale:** POS RFA Carisoprodol tab 350mg, Day supply: 30, Qty: 30, refills: 01 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. There is no evidence of significant objective functional improvement on prior Soma therefore the request for Soma 350mg with one month refill is not medically necessary.