

<b>Case Number:</b>	CM15-0160131		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 54 year old female, who sustained an industrial injury on 4-27-2010. Diagnoses include chronic neck pain, cervical facet joint dysfunction, cervical degenerative joint disease and cervical radiculopathy. Treatment to date has included surgical intervention (cervical fusion, 2012, and right shoulder surgeries in 2011 and 2013), as well as conservative treatment including medications, injections and transcutaneous electrical nerve stimulation (TENS). Current medications include Oxy IR, Synthroid, Amitiza, Topamax, Cymbalta, Premarin, Dexilant, Chantix, Hydroxyzine, Zofran and melatonin. Per the Medical Progress Report dated 7-27-2015, the injured worker reported continuation of neck pain with radiation down the left arm with numbness and tingling, and low back pain with radiation down the left leg to the knee. She has discontinued Dilauded due to a bad reaction with the sun and it was no longer effective in relieving the pain. Physical examination revealed cervical paraspinal muscle tenderness, bilateral upper trapezial muscle tenderness, limited cervical range of motion primarily in flexion and extension and moderate tenderness in the right anterior shoulder with mildly limited flexion and extension. The plan of care included medications and authorization was requested for Soma 350mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, 1 tab po daily prn spasms #30:** 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 Muscle relaxants Page(s): 63-66.

**Decision rationale:** The current request is for Soma 350mg, 1 tab po daily prn spasms #30. The RFA is dated 07/28/15. Treatment to date has included surgical intervention (cervical fusion, 2012, and right shoulder surgeries in 2011 and 2013), as well as conservative treatment including medications, injections and transcutaneous electrical nerve stimulation (TENS). MTUS pg. 63-66 and Muscle relaxants section states: 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. Per report 7-27-2015, the patient reported neck pain with radiation down the left arm with numbness and tingling, and low back pain with radiation down the left leg to the knee. Physical examination revealed cervical paraspinal muscle tenderness, bilateral upper trapezial muscle tenderness, limited cervical range of motion, and moderate tenderness in the right anterior shoulder with mildly limited flexion and extension. The patient reported that she would like to re-start Soma. The Utilization review states that this patient previously used Soma from June 2014 through January 2015. In this case, MTUS does not support long-term use of Soma, beyond a 2 to 3 week period. The patient has previously used Soma on a long term basis, and the current request for #30 exceeds what is recommended by MTUS. This request IS NOT medically necessary.