

<b>Case Number:</b>	CM15-0162485		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	04/25/2008
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 57 year old female who sustained an industrial injury on 4-25-08. In a follow up note dated 7-23-15, the physician reports complaints of discomfort in the left upper extremity, neck, and right upper extremity. Average pain with medications is rated as 9 out of 10. The current pain management regimen allows her to perform her activities of daily living. She has ongoing left arm pain which is chronic and intractable. She sees a physician for depression, who prescribes Prozac, Valium, and Lunesta. She continues with the home exercise program. Elbow-arm exam reveals a large left arm brace covering wrist, forearm, elbow and a right wrist brace. There is allodynia over the left palmar surface. She is unable to open her hand completely. Range of motion is restricted and painful. The assessment is complex regional pain syndrome-upper, ulnar nerve lesion, depressive disorder, low back pain, and carpal tunnel syndrome. The treatment plan is hand opening exercises every day, stretching and strengthening left arm-hand, refill Soma, and refill Oxycodone. A urine drug screening done 5-28-15 was consistent. A CURES report on 5-27-15 was consistent. The requested treatment is Carisoprodol 350mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

**Decision rationale:** Regarding the request for carisoprodol, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol is not medically necessary.