

<b>Case Number:</b>	CM15-0168108		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	08/04/1989
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male, who sustained an industrial injury on August 4, 1989. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as status post 1989 anterior C5-6 fusion using right iliac crest bone graft and transitional degenerative spondylosis C4-5 and C6-7 with left C8 radiculitis. Treatment to date has included diagnostic studies, surgery, medication and additional conservative treatment. He had previously failed cervical epidural steroid injections, lumbar epidural steroid injections, Methadone, NSAIDS and land physical therapy. On June 29, 2015, the injured worker complained of neck pain with radiation into his left arm and tingling of his left arm involving the shoulder and little finger. He also reported right suboccipital headaches daily that last for several hours. He noted pain relief with medication, lying supine with his cervical spine immobilized or wearing a cervical collar. Treatment recommendations included plain cervical x-rays and an updated cervical MRI. On August 9, 2015, utilization review denied a request for Soma 350mg #60 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg, #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The claimant sustained a work-related injury in April 1989 and is being treated for radiating neck pain and headaches after undergoing a cervical fusion more than 25 years ago. When seen, medications were providing pain relief. Lorazepam and Soma have been prescribed since at least August 2012. When seen, there was positive straight leg raising. There was a slow gait without antalgia. Medications were refilled. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, other medications and treatments would be considered appropriate for the claimant's condition. Ongoing long-term use is being requested. Prescribing Soma was not medically necessary.