

<b>Case Number:</b>	CM15-0186805		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/11/2004
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 39 year old female, who sustained an industrial injury on December 11, 2004. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical degenerative disc disease, cervical radiculopathy, history of complex regional pain syndrome, history of right shoulder subacromial decompression, chronic pain syndrome and right hip pain. Treatment to date has included diagnostic studies, surgery, medication, injection, physical therapy, H-wave unit trial, behavioral pain management sessions and functional rehabilitation program. On August 5, 2015, the injured worker complained of neck pain, right shoulder pain and right hip pain with radiation into both upper extremities. She currently rated her pain as a 10 on a 1-10 pain scale. She reported numbness and tingling to her right arm. Pain and spasms were noted to be in her neck when she does not have any neck support. Two weeks prior to exam date, she noted an increase in neck pain and spasm. She also noted full body spasms that were "severe" and causing her to fall. The spasms were occurring more frequently. Her muscle spasms were reported to be controlled with Soma medication. The treatment plan included MS Contin, Norco, Soma, Lyrica, Naprosyn, Voltaren Gel, Cymbalta, Wellbutrin, Prozac, H-wave unit trial continuation, neurologist consultation and a follow-up visit. On September 11, 2015, utilization review denied a request for Soma 350mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** According to the MTUS guidelines, Soma is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Norco and Morphine which increases side effect risks and abuse potential. The claimant was also on numerous oral and topical analgesics. The use of Soma is not medically necessary.