

<b>Case Number:</b>	CM15-0196430		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 51 year old female, who sustained an industrial-work injury on 1-28-11. A review of the medical records indicates that the injured worker is undergoing treatment for tension headache, sprain of the neck, carpal tunnel syndrome and lateral epicondylitis. Treatment to date has included pain medication including Norco, Soma since at least 7-28-15, acupuncture, splinting-bracing, epidural steroid injection (ESI) and other modalities. Medical records dated (7-28-15 to 8-25-15) indicate that the injured worker complains of bilateral intermittent elbow pain rated 3 out of 10 on the pain scale, neck pain rated 5-7 out of 10 on the pain scale with resulting headache rated 4-7 out of 10 on the pain scale. The pain has been unchanged. The physician indicates that there was a right cervical epidural steroid injection (ESI) done without relief. Per the treating physician report dated 8-25-15 the injured may return to full duty. The physical exam dated 8-25-15 reveals positive Phalen's on the left. There are documents within the submitted medical records that are difficult to decipher. The treating physician indicates that the urine drug test result dated 7-28-15 was consistent with the medication prescribed. The request for authorization date was 8-25-15 and requested service included Soma 350mg #30. The original Utilization review dated 9-3-15 non-certified the request 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 #30:** Upheld

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

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

**Decision rationale:** Regarding the request for carisoprodol (Soma), 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 Soma 350mg #30 is not medically necessary.