

<b>Case Number:</b>	CM15-0023286		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 48 year old male, who sustained an industrial injury on 6/11/2012. The mechanism of injury and initial complaint was not provided for review. The injured worker was diagnosed as having chronic pain syndrome, gait abnormality, plantar fasciitis, foot and ankle tenosynovitis, sciatica and pes anserine bursitis. Treatment to date has included physical therapy, H-wave unit and medication management. Currently a progress note from the treating provider dated 1/8/2015 indicates the injured worker reported neck and back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol tab 350mg day supply 30 Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

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

**Decision rationale:** MTUS guidelines do not support long term use of Soma. The medical records provided for review do not indicate or document the degree of functional benefit in

support of continued utilization. There is no indication of treatment failure with other standard therapy muscle relaxants or indication in regard to the insured to support mitigating reason soma should be used in the insured. As such the medical records do not support any mitigating circumstances for the use of soma or meet MTUS guidelines for treatment with soma.