

<b>Case Number:</b>	CM15-0214572		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 61 year old female with a date of injury on 4-11-12. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder and back injury. Progress report dated 7-1-15 reports continued complaints of headaches, neck pain with radiation, upper, mid and lower back pain with radiation, bilateral shoulder pain, bilateral knee pain and right foot and ankle pain. She also has complaints of pain and numbness in the bilateral wrists. The pain level has increased since the last visit from 6-7 out of 10 to 8-9 out of 10. Objective findings: all areas of complaint are tender to palpation, cervical and lumbar spine range of motion are decreased. MRI of cervical spine 12-14-12 revealed disc protrusions with radiculopathy. MRI lumbar spine 2-20-13 showed disc protrusions. MRI right shoulder 12-14-12 showed rotator cuff tear and bursitis and tendinosis. EMG nerve conduction studies bilateral wrists 1-7-03 showed carpal tunnel syndrome. Treatments include: medication, physical therapy and right shoulder surgery 8-9-12. Request for authorization was made for Retrospective request for Soma 350 mg quantity 90, date of service 06/05/2013. Utilization review dated 10-20-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Soma 350mg #90, date of service 06/05/2013: Upheld**

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

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

**Decision rationale:** The injured worker sustained a work related injury on 4-11-12. The medical records provided indicate the diagnosis include head pain, right ankle sprain, right knee internal derangement, right shoulder and back injury, bilateral elbow epicondylitis, right shoulder adhesive capsulitis, depression, sleep disturbance. Treatments have included medication, physical therapy and right shoulder surgery 8-9-12. The medical records provided for review do not indicate a medical necessity for: Retrospective request for Soma 350mg #90, date of service 06/05/2013. Carisoprodol (Soma) is a muscle relaxant with a recommended dosing of 250 mg-350 mg four times a day for no longer than a 2 to 3 week period. The requested treatment exceeds the recommended duration for the use of the medication. Therefore, the request is not medically necessary.