

<b>Case Number:</b>	CM15-0222916		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	05/27/2005
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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  
 Certification(s)/Specialty: Emergency 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 59-year-old female with a date of industrial injury 5-27-2005. The medical records indicated the injured worker (IW) was treated for cervical disc disorder with radiculopathy; radiculopathy, cervical region; post-laminectomy syndrome not elsewhere classified; chronic pain syndrome; and opioid abuse with intoxication, uncomplicated. In the progress notes (10-15-15), the IW reported neck pain radiating into the bilateral shoulders, rated 7 out of 10. The provider notes the IW has experienced headaches and difficulty swallowing after her cervical fusion in 2009. Medications included Neurontin, Soma (since at least 7-2015), Zolpidem, Percocet and Naproxen. Her previous pain rating (9-17-15) was 3 out of 10. On examination (10-15-15 notes), there was asymmetry of the neck and shoulders, with both tilting to the left. The left trapezius was tender to palpation; no spasms were noted. Cervical range of motion was restricted in all planes. Right biceps reflexes were 1+ and sensation was diminished in the C4 through C6 dermatomes. There was allodynia and hyperesthesia down the right upper extremity. Treatments included ice, rest, heat and NSAIDs, with some benefit; opioid medications, with some benefit; and physical therapy (outcome not stated). The 10-15-15 notes stated Zolpidem helped her muscle spasms and helped her sleep. The most recent exams specifically stated "no spasms were noted". The urine drug screen on 8-21-15 was inconsistent due to negative results for Zolpidem. Her last several examinations were fairly consistent and there was no evidence of ongoing muscle spasms. A Request for Authorization was received for Soma 350mg; 1 tablet 4 times daily, #120. The Utilization Review on 11-4-15 non-certified the request for Soma 350mg; 1 tablet 4 times daily, #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg 1 tablet 4 times daily #120:** 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): Carisoprodol (Soma).

**Decision rationale:** The requested Soma 350mg 1 tablet 4 times daily #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has headaches and difficulty swallowing after her cervical fusion in 2009. Medications included Neurontin, Soma (since at least 7-2015), Zolpidem, Percocet and Naproxen. Her previous pain rating (9-17-15) was 3 out of 10. On examination (10-15-15 notes), there was asymmetry of the neck and shoulders, with both tilting to the left. The left trapezius was tender to palpation; no spasms were noted. Cervical range of motion was restricted in all planes. Right biceps reflexes were 1+ and sensation was diminished in the C4 through C6 dermatomes. There was allodynia and hyperesthesia down the right upper extremity. Treatments included ice, rest, heat and NSAIDs, with some benefit; opioid medications, with some benefit; and physical therapy (outcome not stated). The 10-15-15 notes stated Zolpidem helped her muscle spasms and helped her sleep. The most recent exams specifically stated "no spasms were noted". The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350mg 1 tablet 4 times daily #120 is not medically necessary.