

<b>Case Number:</b>	CM15-0034651		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	11/05/1999
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: New York, West Virginia, Pennsylvania  
 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:

The injured worker is an 83 year old female who sustained a work related injury to her neck, shoulders and lower back on November 5, 1999 when taking a wheelchair out of a truck. The injured worker is status post a cervical fusion in 1989. The injured worker was diagnosed with cervicalgia, brachial neuritis, lumbosacral disc degeneration, chronic low back pain, rotator cuff syndrome and depressive disorder. According to the primary treating physician's progress report on January 14, 2015 the patient continues to experience bilateral shoulder pain with numbness into the fingers bilaterally. Examination demonstrated palpable spasms over the upper trapezius with referral pain to the base of the cervical spine. The injured worker was able to abduct to 90-100 degrees. Current medications are listed as Norco, Gabapentin and Soma. The treating physician requested authorization for Soma (Carisoprodol) 350mg #120. On February 3, 2015 the Utilization Review modified the certification for Soma (Carisoprodol) 350mg #120 to Soma (Carisoprodol) 350mg #60 to initiate the weaning process. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma (Carisoprodol) 350mg #120:** Upheld

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

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

**Decision rationale:** Guidelines state that Soma is not indicated for long term use and that muscle relaxants are no more effective than NSAIDs alone. There is no documentation contraindicating use of NSAIDs and other muscle relaxants for this patient. Thus, the request for Soma 350 mg #120 is not medically necessary and appropriate.