

<b>Case Number:</b>	CM15-0048598		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/20/2015
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2015

### 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: Physical Medicine & Rehabilitation, 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:

This 54-year-old woman sustained an industrial injury on 1/20/2015 after looking up while cleaning a shower and hearing a loud pop. Evaluations include cervical spine CT scan showing degenerative disc disease. Diagnoses include acute neck strain with a history of neck disease. Treatment has included oral medications. Physician notes from Immediate Care dated 2/9/2015 show complaints of neck and shoulder pain, stiffness, tenderness, and limited range of motion with new radiation of pain to the left arm and hand from a hyperextension injury nine days prior. Recommendations include neurosurgery consultation, trial Soma, stop Baclofen, and start Carisoprodol. Notes indicate that the patient has previously tried Norco, ibuprofen, and baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Carisoprodol 350mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Carisoprodol (Soma, Soprodal 350, Vandom, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**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, it appears that Soma is being trialed, since the patient has failed baclofen and other appropriate medication. Therefore, a one-month trial of this medication is reasonable. Ongoing use of soma would require documentation of analgesic efficacy, objective functional improvement, and discussion regarding side effects. As such, the currently requested carisoprodol (Soma) is medically necessary.