

<b>Case Number:</b>	CM15-0052566		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 a 58-year-old male, who sustained an industrial injury on 2/03/2011. Diagnoses include right hip pain, left hip pain and osteoarthritis. Treatment to date has included diagnostic imaging including magnetic resonance imaging (MRI) and x-rays, surgical intervention, medications and injections. He underwent a right hip arthroscopic partial labral resection and arthrogram with intraarticular injection under fluoroscopic guidance on 3/19/2015. Per the Primary Treating Physician's Progress Report dated 2/27/2015, the injured worker reported hip pain. Physical examination revealed decreased range of motion, decreased strength, tenderness, bony tenderness and crepitus of the bilateral hips. The plan of care included medications and authorization was requested for Soma 350mg, Norco 10/325mg and a pain management referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Weaning of Medications Page(s): 24, 29, 124.

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

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma a long time without clear evidence of spasm or exacerbation of neck and lumbar pain. There is no justification for prolonged use of Soma. The request for Soma 350 mg #120 is not medically necessary.