

<b>Case Number:</b>	CM15-0084349		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	03/06/2002
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: California

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:

The injured worker is a 49-year-old female, who sustained an industrial injury on 3/6/02. The injured worker was diagnosed as having myofascial pain syndrome, cervical spondylosis and lumbar spondylosis. Treatment to date has included oral medications including methadone and Norco, acupuncture and physical therapy. Currently, the injured worker complains of neck pain rated 6/10 with medications and 7/10 without medications. Physical exam noted tenderness to palpation over left anterior deltoid, ACJ and biceps tendon, tenderness to palpation over bilateral trapezius and upper quadrant muscle groups including infraspinatus and pectoralis and deep trigger point causing radiating pain and tingling to right upper extremity. A request for authorization was submitted for Methadone, Norco and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60, as prescribed on 03/26/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

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

**Decision rationale:** MTUS Guidelines are very specific regarding the use of Soma (Carisoprodol). It is not recommended. Due to the nature of its metabolites, the use of Soma is not recommended as it is highly addictive and functions as a sedative. There are no unusual circumstances to justify an exception to Guidelines. The Soma 350mg. #60 as prescribed on 3/26/2015 is not supported by Guidelines and is not medically necessary.