

<b>Case Number:</b>	CM15-0089510		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 53 year old male, who sustained an industrial injury on February 26, 2013. The mechanism of injury was not provided. The injured worker has been treated for shoulder, bilateral upper extremity and bilateral knee complaints. The diagnoses have included left elbow medial humeral epicondylitis, bilateral hand strain, left wrist internal derangement, bilateral carpal tunnel syndrome, hypertension and chest pain/rule out cardiac verses gastrointestinal verses anxiety. Treatment to date has included medications, radiological studies, electrodiagnostic studies, psychological assessments, left knee surgery and right knee surgeries. Current documentation dated March 17, 2015 notes that the injured worker reported left elbow, right hand, left wrist/hand and left knee pain. He also noted constant tingling in the tips of his fingers, worse at rest and hand and finger cramping. Objective findings noted light touch sensation to be diminished in the right shoulder and normal sensation in the right dorsal thumb web, right long tip and right small tip. The treating physician's plan of care included a request for the medication Soma 350 mg # 54.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma tab 350mg #54:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

**Decision rationale:** MTUS states regarding Carisoprodol, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." Guidelines do not recommend long term usage of SOMA. Treating physician does not detail circumstances that would warrant extended usage. As such, the request for SOMA 350 MG # 54 is not medically necessary.