

<b>Case Number:</b>	CM14-0142548		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	01/11/2014
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 44 year-old male with date of injury 01/11/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/18/2014, lists subjective complaints as neck and upper back pain with radicular symptoms down the right arm. Objective findings: Examination of the cervical spine revealed slight straightening of the cervical lordosis. Moderate pain to palpation of the right paracervical muscles. Palpation of the neck revealed slight to moderate muscle spasm. Range of motion was slightly restricted due to pain. Neurological exam of the upper extremities was normal with no atrophy and normal muscle tone and strength. Sensation was intact to light touch with no dysesthesias. Diagnosis: 1. Laceration of liver without major open wound into cavity 2. Skull contusion 3. Post skull contusion headaches 4. Cervical strain/sprain 5. Thoracic strain/sprain 6. Trunk burn. The medical records supplied for review document that the patient has been taking the following medications since at least as far back as July 2014. Medications: 1. Soma 350, #30 SIG: one tablet daily at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carsoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 29.

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #30 is not medically necessary.