

<b>Case Number:</b>	CM14-0167568		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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. 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

### 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 2/21/13. He reported an upper body injury. The injured worker was diagnosed as having right scapular fracture, right chest chronic effusion, multiple rib fractures, pelvic fractures, chronic cervical strain, bilateral upper extremities numbness, facial trauma, rule out cervical radiculopathy and lumbar disc herniation with right lower extremity L5 radiculopathy. Treatment to date has included oral medications including opioids, topical medications, physical therapy and home exercise program. Currently, the injured worker complains of cervical spine, right shoulder, bilateral hands and bilateral hip pain rated 3/10 and the pain is better with medication, ice and massage. Physical exam noted cervical spine midline tenderness with limited range of motion, also tenderness of paraspinal musculature and trapezius muscles; exam of the lumbar spine revealed midline tenderness with limited range of motion and exam of right shoulder revealed tenderness over the scapula with limited range of motion and tenderness of right chest. The treatment plan included prescriptions for Soma, Norco, and Kera-Tek analgesic gel, consultation with pulmonologist, (MRI) magnetic resonance imaging of cervical spine and lumbar spine, consultation regarding lumbar spine and bilateral wrist braces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma (Carisoprodol) 350mg #30 Sig: 1 tablet by mouth every 8 hours as need Refill: 0:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The 59-year-old patient complains of pain in cervical spine, right shoulder, bilateral hands, and bilateral hips, as per progress report dated 09/11/14. The request is for SOMA (CARISOPRODOL) 350 mg #30. SIG: 1 TABLET BY MOUTH EVERY 8 HOURS AS NEED. REFILLS: 0. The RFA for the case is 09/19/14, and the patient's date of injury is 02/21/13. The cervical pain is rated at 5/10, right shoulder pain is rated at 3-6/10, right hip pain is rated at 3/10, and left hip pain is rated at 3-7/10, as per progress report dated 09/11/14. Diagnoses included right scapular fracture, right chest chronic effusion, multiple rib fractures, pelvic fractures, chronic cervical pain, bilateral upper extremities numbness, facial trauma, left shoulder rotator cuff syndrome, and lumbar disc herniation with right lower extremity L5 radiculopathy. The patient is currently working, as per the same progress report. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, Soma is noted only in one progress report dated prior to the UR denial date of 10/03/14. It is not clear if the 09/11/14 progress report documents the first prescription of the medication or if the patient has received it in the past. In progress report dated 10/09/14 after the UR denial date, the treating physician states that the patient is being weaned off Soma. However, in a subsequent report dated 11/24/14, the physician states that the patient "takes Soma as needed for muscle spasms over the paraspinal muscles and helps his pain from an 8 down to a 3." Nonetheless, MTUS does not support the use of Soma beyond a 2 to 3 week period. Hence, the request for # 30 IS NOT medically necessary.