

<b>Case Number:</b>	CM15-0119048		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/08/2004
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 55 year old female, who sustained an industrial injury on 11/8/04. The initial symptoms experienced by the injured worker were not included in the documentation. The injured worker is diagnosed with lumbar radiculopathy, lumbar HNP without myelopathy, DeQuervains, PN carpal tunnel syndrome, spondylolisthesis, hallux rigidus, impingement syndrome (post-operative on the right) and post-traumatic distress syndrome. Treatment to date has included back brace, MRI, x-ray, surgical intervention and psychotherapy. Currently, the injured worker complains of back pain. The pain is described as sharp, stabbing and aching and is constant. The pain radiates down both of her legs and is aggravated by standing, bending, twisting, lifting, pushing, pulling and straining with bowel movements. She has pain in the right shoulder that radiates to her elbow and wrist, which includes numbness in her right hand. Her sleep is disturbed due to pain. She reports headaches accompanied by shooting pain up from the back of her head. The injured worker reports pain in her left large toe resulting in a decrease in range of motion due to pain. The work status is permanent and stationary. A noted dated 1/13/15 states there is tenderness to the sacroiliac region bilaterally. Notes dated 2/23/15, 3/23/15, 4/27/15 and 5/29/15 reveals the injured worker continues to experience constant pain as described above. There is no change in her symptoms and she continues to experience sleep disturbance. There is a note dated 4/16/15 that discusses the injured workers dental symptoms of moderate head pain, temporomandibular joint sounds, pain and dysfunction, ear pain and ringing, continued grinding and clenching of her teeth accompanied by sensitivity to hot and cold. Documentation regarding achieved efficacy with medication(s) is not included in the

documentation, nor is there documentation stating an increase in symptoms with the decrease in medications. The medication, Soma 350 mg #60, is being requested to help improve the injured workers constant pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)-Carisoprodol (Soma).

**Decision rationale:** Soma 350mg #60 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long-term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term, which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma is not medically necessary.