

<b>Case Number:</b>	CM15-0119121		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	05/12/2005
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/11/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old female with an industrial injury dated 05/12/2005. The injured worker's diagnoses include tendinitis. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 05/22/2015, the injured worker reported discomfort involving her right ankle, right great toe joint and the bottom of the great toe joint. The injured worker also reported exacerbation of conditions of the right foot due to driving and with weight bearing. Objective findings revealed discomfort upon palpitation of the sesamoid apparatus of the right foot/ankle, discomfort with range of motion and continued discomfort along the lateral margin of the foot. The treating physician prescribed Soma 350mg #30 now under review.

### 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 Muscle relaxants (for pain).

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

**Decision rationale:** The claimant has a history of a work injury occurring in May 2005 and continues to be treated for bilateral lower extremity pain. When seen, pain was localized to her foot. Her symptoms were chronic and unchanged. There was left ankle and first toe extension weakness. Norco and Soma were refilled. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma is not medically necessary.