

<b>Case Number:</b>	CM15-0121274		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/30/2004
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 47-year-old female, with a reported date of injury of 03/30/2004. The mechanism of injury was the hitting of her hip on a cabinet, twisting of her leg, and hurting of her right knee. The injured worker's symptoms at the time of the injury included immediate neck pain, knee pain, back pain, and hip pain. The diagnoses include cervical spine sprain and strain, cervical degenerative disc disease, recurrent neck and left upper extremity pain, status post anterior cervical discectomy and fusion, lumbosacral spine sprain and strain with chronic low back pain, right knee internal derangement, right shoulder rotator cuff tear, status post right shoulder arthroscopy with biceps tendon repair, left shoulder pain, axial low back pain, L4-5, L5-S1 facet arthropathy, generation of the lumbar intervertebral disc, and chronic pain syndrome. Treatments and evaluation to date have included cortisone injections, oral medications, therapy, a knee brace, topical pain medications, right shoulder arthroscopy on 10/18/2012, cervical spine surgery, cervical spine epidural steroid injections, physical therapy, and L4-L5 bilateral medial branch nerve block on 08/14/2013. The diagnostic studies to date included a CT scan of the cervical spine on 02/18/2012 which showed fusion changes at C4-5 and C5-6; electrodiagnostic studies on 03/12/2012 with normal findings; x-rays of the cervical spine on 09/12/2012 which showed disc replacement arthroplasties at C4-5 and C5-C6; CT scan of the cervical spine on 10/06/2012; X-ray of the right shoulder on 12/05/2012 which showed widening of the acromioclavicular joint; an MRI of the lumbar spine on 04/04/2013 which showed minimal retrolisthesis at L5-S1; and an MRI of the upper extremity on 12/13/2014 which showed mild-to-moderate rotator cuff tendinosis, mild-to-moderate acromioclavicular joint degenerative change,

and slap lesion. According to the medical report dated 12/27/2007 indicates that the injured worker had an MRI of the cervical spine on 09/09/2006 which showed degenerative disc disease at C4-5 with a central disc bulge causing moderate stenosis and some left foraminal narrowing at C6-7; an electrodiagnostic study of the left upper extremity with normal findings; a myelogram on 08/17/2007 which showed severe degenerative disc disease at C6-7, and significant stenosis and some degenerative disc disease at C4-5; and an MRI of the cervical spine in 06/2006 which showed mild protrusion of the disc at C6-7, some mild left foraminal narrowing at C5-6, and mild bulging of the disc at C4-5. The medical report dated 06/04/2015 indicates that the injured worker reported severe neck pain, difficulty swallowing, ongoing left shoulder pain, and low back pain. She stated that the pain was getting worse with radiating pain into the right leg. The injured worker rated her pain 8 out of 10; at best 4 out of 10 with medications; and 10 out of 10 without medications. She reported 50% reduction in her pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all. The physical examination showed limited range of motion in all planes of the neck and back; positive bilateral straight leg raise test; grossly intact sensation in the lower extremity dermatomes; limited neck range of motion in all planes; right-sided neck pain with cervical compression; muscle rigidity upon palpation across the cervical paraspinal and cervical trapezius muscles suggesting muscle spasm; grossly intact motor strength, sensation, and deep tendon reflexes in the upper extremities; full active range of motion of the right knee; mildly painful patellar compression; negative McMurray's sign; tenderness in both subacromions of the shoulders; mildly limited bilateral shoulder range of motion in all planes with positive impingement signs; crepitus on circumduction passively; tenderness over the bicipital tendon in the proximal region; and the inability to fully flex and extend at the elbow in the left upper extremity. The injured worker's work status was not indicated. The treating physician requested Soma 350mg #60.

### **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 Soma, Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxers (for pain) Page(s): 29 and 63.

**Decision rationale:** The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. In this case, the injured worker has been taking Soma since at least 12/27/2007. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.