

<b>Case Number:</b>	CM15-0171637		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	12/09/2008
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 50 year old female, who sustained an industrial injury on 12-9-08. Medical record indicated the injured worker is undergoing treatment for lumbar spine pain, occipital neuralgia, wrist tenosynovitis, lumbosacral radiculopathy, hemarthrosis of lower leg, cervical radiculopathy, closed fracture of anatomical neck of humerus, fibromyalgia-myositis, partial tear of rotator cuff and carpal tunnel syndrome. Treatment to date has included physical therapy, trigger point injections, acupuncture, epidural injections and oral medications including Ambien, Amitriptyline, Neurontin, Norco, Soma and Xanax. Currently on 6-15-15, the injured worker reports current medication is helping to improve her functional ability and complains of low back pain. Disability status is noted to be permanent and stationary. Physical exam performed on 6-15-15 noted an injured worker in no acute distress and on 5-18-15 exam noted palpable twitch in muscles of head and neck with restricted cervical range of motion and no abnormalities of lumbar spine. The treatment plan included prescriptions for Ambien 10mg #30, Amitriptyline 25mg #60, Neurontin 300mg #180, Norco 10-325mg #150, Soma 350mg #90 and Xanax 1mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 250 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The records were evaluated as to the history of medication use; the injured worker has been using this medication since at least 2/2015. However, as this medication is not recommended by MTUS, it is not medically necessary.