

<b>Case Number:</b>	CM15-0176766		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	09/15/2000
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female, who sustained an industrial injury on 9-15-00. The injured worker is undergoing treatment for bilateral wrist, elbow and forearm tendinitis, with carpal tunnel syndrome, Medical records dated 7-20-15 indicate the injured worker complains of forearm and wrist-hand pain with numbness. She rates the pain 8-9 out of 10 without medication and 2-3 out of 10 with medication. "Additionally the patient recalls that she has tried muscle relaxant soma and that worked very well, the patient is getting a lot of spasms in the hands and forearms." Physical exam dated 7-20-15 notes slight tenderness to palpation of the wrists, positive Phalen's and Finkelstein's is "mildly" positive. The elbows are tenderness to palpation. Treatment to date has included cortisone injections, Soma, Ultracet with adverse reaction and Prilosec. The original utilization review dated 8-12-15 indicates the request for Tylenol #4 #20 and carpal tunnel brace is certified and Soma 350mg #30 is modified to Soma 350mg #22 noting soma is not recommended for chronic pain and weaning is recommended.

### 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 Medical Treatment 2009.

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

**Decision rationale:** The MTUS does not recommend use of Soma, as 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. In this case, due to the chronicity of the patient's symptoms and the contraindication for use per the guidelines, the request is not considered medically necessary.