

<b>Case Number:</b>	CM15-0066690		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Texas, Florida

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:

This 53 year old female sustained an industrial injury on 6/21/13. She subsequently reported neck and shoulder pain. Diagnoses include sprain of neck, thoracic spine, left shoulder and complex regional pain syndrome of neck and left upper extremity. The EMG/NCS studies were reported as normal. The MRI of the left shoulder showed mild acromium clavicular arthrosis. Treatments to date have included physical therapy and prescription pain medications. The injured worker continues to experience left shoulder pain. A request for Soma medication was made by the treating physician. The medications listed are gabapentin, Percocet, Soma and amitriptyline.

### 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 Carisoprodol (Soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, addiction, dependency, sedation and adverse interaction with opioids and other sedative medications. The utilization of Soma is associated with a significantly high incidence of addiction and sedative effects due to the action of the barbiturate like active metabolite meprobamate. The records indicate that the patient is utilizing Soma with opioids and sedative antidepressants concurrently. The duration of utilization of Soma had exceeded the guidelines maximum recommended period of 4 week. There is no indication that the Soma is being utilized only for short periods of exacerbation of musculoskeletal pain. The criteria for the use of Soma 350mg #30 were not met. Therefore the request is not medically necessary.