

<b>Case Number:</b>	CM15-0072958		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	08/09/1998
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58-year-old woman sustained an industrial injury on 8/9/1998. The mechanism of injury is not detailed. Diagnoses include left shoulder sprain/strain. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 3/3/2015 show complaints of left side neck and shoulder pain that travels to her elbow and dull headaches. Recommendations include Norco, Soma, and urine drug screen with another drug screen to be performed at the next visit, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #72:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma, Muscle relaxants Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with left side neck and shoulder pain that travels to her elbow and dull headaches. The request is for SOMA 350MG #72. The provided RFA is dated

03/03/15 and the date of injury is 08/09/98. The diagnoses include status post anterior cervical discectomy and fusion C5-6 and C6-7 and left shoulder sprain/strain. Per 03/03/15 report, physical examination revealed tenderness in the left cervical paraspinals and trapezius with moderate spasms present. There is decreased range of motion with flexion at 45 degrees and extension limited to 50 degrees. Treatment has included oral medications and surgical intervention. Current medications are Soma and Norco. The patient is permanent and stationary. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The request is not medically necessary. Treater has not provided a reason for request. MTUS recommends Soma only for a short period. Soma was first prescribed to the patient per treater report 10/01/14. The urine toxicology administered 04/01/15 was consistent with prescribed medications. MTUS recommends the use of Soma for no longer than 2-3 weeks. The request is not within MTUS guidelines and therefore, is not medically necessary.