

<b>Case Number:</b>	CM15-0090953		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	08/13/1999
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: 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 50 year old male, who sustained an industrial injury on 8/13/1999, while employed as a bus driver. He reported injury due to an assault. The injured worker was diagnosed as having cervical spine pain and left arm radiculitis. Treatment to date has included diagnostics, cervical spinal surgery in 2003, physical therapy, mental health treatment, epidural steroid injections, and medications. Some documentation within the submitted medical records was difficult to decipher. Currently (4/13/2015), the injured worker complains of neck pain and left arm pain. Pain was rated 8/10 without medications. Current medications included Norco, Soma, Elavil. Medication use enabled him to work part time, noting that he went for 1 week without medications and was now not working. Objective findings included noted a limp with ambulation and rigid neck and he was unable to rotate his cervical spine. Medication refills were requested. The use of Soma was noted for greater than 2 years. Magnetic resonance imaging of the cervical spine (10/16/2012) noted prior fusion of the C6-C7 vertebra with degenerative disc disease at the C5-6 and C4-5 levels, with mild spinal canal stenosis at these two levels, with some neural foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 MG #90 with 3 Refills Qty 270: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 29.

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Soma 350 MG #90 with 3 Refills Qty 270 is not medically necessary.