

<b>Case Number:</b>	CM15-0096632		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 54 year old male who sustained an industrial injury on 09/25/2013. He reported trauma to his low back and neck when his truck rolled over. The injured worker was diagnosed as having cubital tunnel syndrome, osteoarthritis elbow, osteoarthritis forearm/wrist, shoulder arthritis, degenerative, shoulder acromioclavicular joint arthritis, cervical spondylosis, cervical degenerative disc disease, shoulder impingement /bursitis, sprain; strain unspecified site elbow, cervical myofascial sprain- strain, elbow contusion. Treatment to date has included physical therapy and medical management. He has had debridement of foreign bodies/glass, and skin grafts. Currently, the injured worker complains of pain in both shoulders, especially left shoulder. There is global tenderness, worse over subacromion to deltoid left-right. The elbow has lateral epicondylitis and cubital tunnel syndrome. He has lumbar spondylosis, cervical spondylosis, shoulder arthralgia, bursitis and impingement. The worker is being treated with pain management. The treatment plan is to request authorization for both shoulder MRI arthrogram and request authorization for a spine specialist for consult and treat. He awaits surgery for foreign body removal. The IW is instructed in exercises for both shoulders range of motion and stretching. Percocet and Soma are prescribed. A request for authorization for Soma tablets 350 mg #90 is presented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma tab 350mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain).

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

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Percocet for several months, which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.