

<b>Case Number:</b>	CM15-0098802		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	03/27/2002
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 3/27/02. The injured worker has complaints of neck and hand pain. The documentation noted for the head and neck, cervical spine had was tender, decreased flexion, decreased extension, decreased rotation, decreased left lateral bending and decreased right lateral bending. There is tenderness at lumbar spine and tender at facet joint. The diagnoses have included cervical pain/cervicalgia; pain, wrist/forearm and myofascial pain syndrome/fibromyalgia. Treatment to date has included Relafen; oxycodone; soma and Ambien. The request was for soma 350mg #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Muscle Relaxants (for pain).

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

**Decision rationale:** The claimant sustained a work injury in March 2002. She continues to be treated for chronic pain including a diagnosis of fibromyalgia. When seen, she was having ongoing neck and hand pain. Pain was rated at 10/10 and medications are referenced as inadequate. Physical examination findings included decreased cervical spine range of motion with tenderness. There was just tenderness with positive Phalen, Tinel, and Finkelstein testing. There was lumbar spine facet joint tenderness. Soma is being prescribed on a long-term basis. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.