

<b>Case Number:</b>	CM13-0051174		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/15/2006
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 41 year-old female sustained an injury on 11/15/06 while employed by [REDACTED]. The request that is under consideration include Carisoprodol 350 MG one bid #60. Report of 8/27/13 from the provider noted patient with right shoulder, bilateral elbow, and bilateral wrist/hand pain with associated numbness and tingling of the right ulnar forearm and ulnar hand. Exam showed left shoulder and cervical spine range of motion restricted in all planes secondary to pain; left shoulder impingement sign, positive Neer's and Hawkin's; tenderness to palpation of bilateral wrists, right lateral and medial elbow. Diagnoses included Left knee pain; Left shoulder impingement/ bursitis s/p right shoulder surgery x2; bilateral upper extremity repetitive injury; bilateral carpal tunnel syndrome s/p carpal tunnel release bilaterally; bilateral ulnar neuropathy s/p left elbow surgery; hyperlipidemia; and C-section. Request for Carisoprodol was non-certified on 9/23/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CARISOPRODOL 350MG ONE BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

**Decision rationale:** This 41 year-old female sustained an injury on 11/15/06 while employed by [REDACTED]. Request under consideration include Carisoprodol (Soma) 350 MG ONE BID #60. Report of 8/27/13 from the provider noted patient with right shoulder, bilateral elbow, and bilateral wrist/hand pain with associated numbness and tingling of the right ulnar forearm and ulnar hand. Exam showed left shoulder and cervical spine range of motion restricted in all planes secondary to pain; left shoulder impingement sign, positive Neer's and Hawkin's; tenderness to palpation of bilateral wrists, right lateral and medial elbow. Diagnoses included Left knee pain; Left shoulder impingement/ bursitis s/p right shoulder surgery x2; bilateral upper extremity repetitive injury; bilateral carpal tunnel syndrome s/p carpal tunnel release bilaterally; bilateral ulnar neuropathy s/p left elbow surgery; hyperlipidemia; and C-section. Per MTUS Chronic Pain Guidelines on muscle relaxant, Carisoprodol (Soma) is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in November 2006. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings without noted spasm or report of acute injury, flare-up, functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury of 2006. The Carisoprodol 350 MG ONE BID #60 is not medically necessary and appropriate.