

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0012475 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 07/13/2008 |
| <b>Decision Date:</b> | 08/04/2014   | <b>UR Denial Date:</b>       | 01/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/30/2014 |

### 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 Occupational Medicine 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:

The patient is a 49-year-old female who has submitted a claim for right shoulder impingement syndrome with moderate acromioclavicular arthropathy; right shoulder partial rotator cuff tear status post manipulation video arthroscopy with subacromial decompression, debridement of small anterior glenoid labral tear and partial acromion side rotator cuff tear, release of coracoacromial ligament, distal clavicle resection arthroplasty; and right shoulder adhesive capsulitis associated with an industrial injury date of July 13, 2008. Medical records from 2013 were reviewed. The patient complained of persistent right shoulder pain. The pain makes her have difficulty getting her hand above her shoulder and doing overhead activities. Physical examination showed limited range of motion of the right shoulder. There was positive impingement sign and Neer test. MRI of the right shoulder dated September 25, 2013 revealed osteoarthropathy of acromioclavicular joint and minimal subacromial bursitis. Treatment to date has included medications, physical therapy, acupuncture, biofeedback, activity modification, and right shoulder arthroscopy with subacromial decompression and distal clavicle resection arthroplasty. Utilization review, dated January 20, 2014, denied the request for Soma 350mg #60 with two refills because there was no documented functional improvement with the use of the medication and it has well known psychotropic properties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG #60 WITH TWO (2) REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANI-INFLAMMATORY MEDICATIONS, 22; 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

**Decision rationale:** Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. It is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to Meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as Hydrocodone, Tramadol, Benzodiazepine and Codeine. In this case, the patient has been using Soma as early as February 2013, which is beyond the recommended 2 to 3 week period. The patient used to take Soma with Tramadol, which is not recommended for its high potential for abuse. Recent medication history was not provided within the medical records submitted. Muscle spasms were not evident in the recent progress reports. There is no discussion regarding the continued use of Soma. Therefore, the request is not medically necessary.