

Case Number:	CM14-0167686		
Date Assigned:	10/15/2014	Date of Injury:	09/20/2012
Decision Date:	12/04/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 55-year-old female with a date of injury of September 20, 2012. She fell out of a chair resulting in pain in the left shoulder, the neck, and low back. She was found to have a partially torn rotator cuff tendon and on January 4th 2013 she had arthroscopic surgery. Range of motion issues continued after surgery and on September 26 2013 she had a 2nd left shoulder surgery. She continues to have pain in the left shoulder with diminished range of motion, and pain and presumably spasm in the cervical region. Electrodiagnostic studies of the upper extremities were normal. The physical exam of the left shoulder reveals tenderness anteriorly and over the subacromial region. There is diminished range of motion particularly with forward flexion. There is tenderness to palpation of the cervical spine musculature. The diagnoses include partial tear rotator cuff, adhesive capsulitis, and cervical strain. Treatment has been with physical therapy, a TENS unit, topical anti-inflammatories, and muscle relaxants. She has been on several muscle relaxants including Robaxin, Cyclobenzaprine, and most recently Soma was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tablet 350 mg day supply 30 quantity, 60 refills 2 Rx date 9/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Carisoprodol (Soma®)

Decision rationale: This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. (Soma) is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a Schedule-IV controlled substance). As of January 2012, Carisoprodol is scheduled by the DEA as a Schedule IV medication. (DEA, 2012) It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. In his instance, the intent of the prescription for Carisoprodol is for longer term use (3 months) and the condition being treated is a chronic pain condition, not an acute condition. Therefore, for Carisoprodol tablet 350 mg 30 day supply, quantity 60, refills 2 Rx (date 9/24/14) was not medically necessary per the referenced guidelines.