

<b>Case Number:</b>	CM14-0076268		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a [REDACTED] worker who sustained a work injury on 03/07/12 while pulling a bar with injury to the neck, right shoulder, right arm, and right hand and fingers. He continues to be treated for chronic right shoulder pain. An MRI of the shoulder on 02/22/13 showed findings of partial rotator cuff tears. He subsequently underwent arthroscopic shoulder surgery. On 10/07/13 his range of motion had improved and pain was rated at 3/10. Medications were Vicodin, nabumetone, and carisoprodol. Voltaren gel was prescribed. On 11/05/13 he was having increased right shoulder pain. Medications were working well without side effects. Prior injections had helped and authorization for a repeat right shoulder injection was requested. The injection was performed on 12/10/13. On 01/09/14 he was having neck pain. A qualified medical evaluation had suggested spinal manipulation under anesthesia. He elected to continue with chiropractic care as needed. He was able to decrease his Vicodin to two times per day. On 02/10/14 his condition was unchanged and the injection was working well. On 03/10/14 he was continuing to do well. He had neuropathy of the right hand and further evaluation had been recommended. Medications were helping and dosages were stable. On 04/07/14 there was a pending specialist evaluation. Pain was rated at 3/10. He was continuing to work full-time. On 05/05/14 additional testing had been recommended. He was being seen for medication refills. The physical examination findings included decreased left fourth and fifth finger sensation with decreased and painful cervical spine range of motion. There was bilateral cervical facet joint tenderness. He had mildly limited right shoulder range of motion. Medications were refilled including Soma 350 mg taken at night as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg qty: 30:** Upheld

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

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

**Decision rationale:** The claimant is more than 2 years status post injury and continues to be treated for chronic right shoulder pain. Soma has been prescribed on a long-standing basis and when seen on 05/05/14 he was being seen for medication refills including Soma being taken at night as needed. The physical examination findings included decreased left fourth and fifth finger sensation with decreased and painful cervical spine range of motion. There was bilateral cervical facet joint tenderness. He had mildly limited right shoulder range of motion. The presence of muscle spasm is not documented. 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. Additionally, in this case, the Soma is being taken at night as needed. There are numerous other medications and treatments available if sedative medication or medication for the treatment anxiety is needed. There are numerous other medications and treatments available if sedative medication or medication for the treatment anxiety is needed. As such, the request is not medically necessary.