

<b>Case Number:</b>	CM14-0190276		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Practice, 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 59 year old male with a date of injury of 11-22-2010. He has previously had a left shoulder arthroscopy with intra-articular debridement, labral scarring, subacromial decompression, and distal clavicular resection. He complains of low back pain radiating to the right lower extremity, left shoulder pain, and neck pain. The physical exam has shown diminished cervical range of motion, spasm of the trapezius muscles, and tenderness of the cervical paraspinal muscles. The left shoulder has diminished range of motion, tenderness of the acromioclavicular joint, and a positive Neer's, Apley's, Hawkin's, and O'Brien's test. There is diminished lumbar range of motion with paraspinal spasm. The upper and lower extremity neurologic exams are normal. The diagnoses include cervical and lumbar spine disc bulge, right shoulder rotator cuff injury with labral tear and left rotator cuff injury with labral tear. On 10-29-2014 he was prescribed Norco 10/325 mg #60, Soma 350 MG #60, and Anaprox DS 550 mg #60. At issue is a previous denial for the Soma prescription.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol TAB 350mg Day Supply: 30 QTY: 60 Refills: 00 RX Date 10/29/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**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), Muscle relaxants

**Decision rationale:** The Official Disability Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Carisoprodol specifically is a sedating muscle relaxant and its use is not recommended. In this instance, the intended duration of this prescription is for 30 days which exceeds the recommended time-frame for muscle relaxants generally. In addition, Norco and Anaprox have been prescribed at the same time. Carisoprodol TAB 350mg Day Supply: 30 QTY: 60 Refills: 00 RX Date 10/29/2014 is not medically necessary as it is a sedating muscle relaxant, the intended duration is excessive, and there is co-prescription of other agents.