

<b>Case Number:</b>	CM14-0211572		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	12/23/2005
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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 Rehab, 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 has a history of a work injury occurring on 12/23/05. He continues to be treated for left shoulder, wrist, and knee pain and radiating low back pain. He was seen on 07/16/13. He was having constant pain rated at 7/10. Medications included Norco 10/325 mg, Opana ER 40 mg, Zantac, diclofenac, oxycodone 10 mg, Cialis, Zantac, and Soma. Physical examination findings included ambulating with a cane. He was wearing a brace on his left wrist and left knee. Medications were adjusted. He was continued on disability. On 12/17/14 he was having back pain radiating to the left knee and left shoulder pain. Medications are referenced as providing at least 40% pain relief with improved activity tolerance. Physical examination findings included decreased left shoulder range of motion. There was decreased left shoulder strength and paresthesias with sensory testing. Decreased left upper extremity strength. He had positive left shoulder impingement testing and Speeds testing. He continued to have an antalgic gait. Medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for left shoulder, wrist, and knee pain and radiating low back pain. 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. Prescribing Soma was not medically necessary.

**Cialis 10mg # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.drugs.com/cialis.html>)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for left shoulder, wrist, and knee pain and radiating low back pain. Sexual dysfunction occurs for multiple reasons which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically-induced effects. In this case, the prescribing of Cialis appears to be on an empiric basis. Identification of the reason for and treatment of the claimant's erectile dysfunction would be the expected management. Cialis was therefore not medically necessary.