

Case Number:	CM15-0138470		
Date Assigned:	07/28/2015	Date of Injury:	05/03/2006
Decision Date:	09/21/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female with an industrial injury dated 05/03/2006. Her diagnoses included exacerbation of bilateral upper extremity pain, status post lumbar laminectomy and status post left shoulder surgery. She presented on 03-31-2015 with complaints of bilateral shoulder and wrist pain. Range of motion was decreased with tenderness. She was not working. Treatment request is for Carisoprodol 350 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p29 Page(s): 29.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2006 and continues to be treated for bilateral shoulder and wrist pain. In March 2015 there had been an exacerbation of bilateral upper extremity pain. Physical examination findings included decreased

range of motion and tenderness. Soma was prescribed. Being requested is authorization for another prescription for Soma. 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. In this case, there are other medications and treatments that would be more appropriate for the claimant's condition. The request is not medically necessary.