

<b>Case Number:</b>	CM15-0139052		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/23/2001
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 44 year old female, who sustained an industrial injury on 9/23/2001. The current diagnoses are thoracic spine sprain / strain, lumbago, thoracic / lumbosacral neuritis / radiculitis, and sprain / strain of the shoulder. According to the progress report dated 7/8/2015, the injured worker complains of neck, low back, and left shoulder pain. Her neck pain is described as occasional, aching, and throbbing, rated 3-8/10. Her left shoulder pain is described as aching, rated 1-7/10. Her lumbar spine is described as occasional aching and throbbing with radiation into her buttocks, and occasionally into her left leg, rated 4-8/10. The physical examination of the cervical spine reveals increased tenderness to palpation at the C6-C8 level, slight tenderness to palpation in the paracervical musculature bilaterally, moderate tightness / tenderness in the CT junction bilaterally, mild tenderness to palpation in the interscapular area, decreased range of motion, and ipsilateral junction tenderness with extension and rotation. Examination of the left shoulder reveals moderate tenderness to palpation at the acromion with moderate tenderness in the tuberosity and long head of the biceps tendon, with lesser in the lateral supraspinatus fossa, restricted range of motion, and slightly weaker grasp on the left compared to the right. Examination of the lumbar spine reveals moderate tenderness to percussion bilaterally, bilateral sciatic notch tenderness, moderate tenderness to palpation at the mid junction nearing the tailbone, and reduced range of motion. The current medications are Xanax, Neurontin, Norco, and Soma. There is documentation of ongoing treatment with Soma since at least 1/21/2015. Treatment to date has included medication management, ice, heat, and home stretching exercises. Work status is described as full duty. A request for Carisoprodol has

been submitted. The patient had received an unspecified number of PT visits for this injury. Any surgical or procedure note related to this injury was not specified in the records provided. The patient has had MRI of the left shoulder on 2/11/2001 that revealed tendinosis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Carisoprodol 350mg qty 270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 and Muscle relaxants, page 63 Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety". California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. Sedation is the most commonly reported adverse effect of muscle relaxant medications". California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain. Patient had a chronic injury and evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 9/23/01. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore, the request of Carisoprodol 350mg qty 270 is not medically necessary or established for this patient.