

<b>Case Number:</b>	CM15-0161708		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: 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 59 year old male, who sustained an industrial injury on 2-12-15. He reported left shoulder pain. The injured worker was diagnosed as having traumatic rupture of biceps tendon and other sprains and strains of the shoulder and upper arm. Treatment to date has included physical therapy and medication. The injured worker had been taking Soma since at least 5-4-15. Currently, the injured worker complains of left arm pain. The treating physician requested authorization for Soma 350mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) - Carisoprodol (Soma, Soprodal 350 Vanadom, generic available); Weaning of Medications - Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Relaxants for chronic pain Page(s): 63-65.

**Decision rationale:** This patient receives treatment for chronic R shoulder pain. This relates back to an industrial injury dated 02/12/2015. This review addresses a request for a refill of Soma. A L shoulder MRI shows a joint effusion, a torn suprapinatus tendon, and an infraspinatus tendinopathy. A L elbow MRI shows an intact biceps tendon and bilateral epicondylitis. The patient received treatment with a sling, ice, ibuprofen 800 mg TID, tramadol, and flexeril. On physical exam there was a decrease ROM of the shoulder and ecchymoses "along the biceps tendon." Soma is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using Soma over the long-term (more than 2-3 weeks) is not recommended. Soma is metabolized by the body into meprobamate, a schedule IV controlled substance. Side effects include sedation and medication dependence. Ongoing use of Soma is not medically necessary.