

<b>Case Number:</b>	CM15-0191108		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	01/01/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 01-01-2009. The injured worker is currently able to return to modified work. Medical records indicated that the injured worker is undergoing treatment for left rotator cuff tear status post rotator cuff surgery. Treatment and diagnostics to date has included home exercise program and medications. Medications have included Naprosyn, Soma (prescribed on 05-22-2015), and Norco. After review of progress notes dated 05-22-2015 and 07-20-2015, the injured worker reported achy pain of the left shoulder. Objective findings included mild tenderness to the left and right shoulder. The Utilization Review with a decision date of 09-08-2015 non-certified the request for retrospective Carisoprodol (Soma) 350mg 1 tablet at bedtime #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Carisoprodol (Soma) 350mg 1 tablet QHS #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Carisoprodol (Soma) 350 mg one PO Q HS #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses or rotator cuff left; and status post rotator cuff surgery. Date of injury is January 1, 2009. Request for authorization is May 26, 2015. The medical record contains 28 pages. According to a progress note dated May 22, 2015 (no prior records), subjective complaints include bilateral shoulder pain. The injured worker presents for refills of medications including Norco, Soma and naproxen. The injured worker is status post rotator cuff surgery. There were no back or low back complaints. Objectively, there is tenderness in the bicipital groove. There is decreased range of motion. Utilization review indicates soma was prescribed as far back as November 17, 2014. The guidelines recommend muscle relaxants as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider exceeded the recommended guidelines by continuing soma in excess of 12 months (at a minimum). Additionally, there is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for Soma and treatment continued well in excess of the recommended guidelines for short-term (less than two weeks), Carisoprodol (Soma) 350 mg one PO Q HS #30 is not medically necessary.