

<b>Case Number:</b>	CM15-0193482		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Arizona, 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:

This is a 58 year old female who sustained an industrial injury on 4-12-2012. A review of the medical records indicates that the injured worker is undergoing treatment for status post arthroscopic surgery left shoulder with residual adhesive capsulitis and early entrapment of left ulnar nerve at the left elbow. Medical records (3-11-2015 to 8-26-2015) indicate ongoing pain in the left shoulder rated 6 to 9 out of 10 without medications. She complained of frequent pain in her left elbow and arm rated 6 to 8 out of 10 without medications. She also complained of neck and upper back pain. On 8-26-2015, the injured worker reported greater than 60 to 80% improvement in both her overall pain and ability to function with her current medications, which decreased her pain to 2 out of 10 and allowed her to perform most activities of daily living with greater ease. The physical exam (8-26-2015) revealed multiple myofascial trigger points and taut bands noted on the left side of the neck. Range of motion of the left shoulder was noted to be moderately to markedly decreased. Grip strength was decreased in the left hand. Treatment has included surgery, home exercise program and medications. Flexeril was discontinued and Soma was prescribed on 8-26-2015. The original Utilization Review (UR) (9-2-2015) modified a request for Carisoprodol #90 with one refill to #60 with no refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone (Norco) which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.