

<b>Case Number:</b>	CM15-0197242		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 with an industrial injury dated 04-01-2009. A review of the medical records indicates that the injured worker is undergoing treatment left shoulder rotator cuff tear with a type II slap lesion II (failure of the 2011 repair), right shoulder rotator cuff tear involving the supraspinatus and subscap with a problem slap lesion and status post right shoulder arthroscopy and endoscopic subacromial decompression, subscapularis tendon repair, bicep tenodesis and supraspinatus tendon repair. According to the progress note dated 09-18-2015, the injured worker reported complaints referable to his back, neck, upper extremities and bilateral knees. The injured worker reported second post-operative visit status post right shoulder arthroscopy and endoscopic subacromial decompression, subscapularis tendon repair, bicep tenodesis and supraspinatus tendon repair on 08-14-2015. The injured worker reported that his symptoms have improved. Current Pain level was 5 out of 10 on a visual analog scale (VAS). The injured worker is currently taking Tramadol, Motrin and Soma as needed for pain control. Objective findings (09-18-2015) revealed no apparent distress and appropriate mood and affect. Treatment to date has included diagnostic studies, prescribed medications, physical therapy, activity modification, surgery, and periodic follow up visits. The injured worker is currently retired. The treatment plan included physical therapy, medication management and follow up visit. Medical records indicate that the injured worker has been on Soma since at least August of 2015. The treating physician prescribed continued Soma 350mg #50. The utilization review dated 09-28-2015, non-certified the request to continue Soma 350mg #50.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Soma 350mg #50:** Upheld

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

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

**Decision rationale:** 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page 29 of 127. This claimant was injured three years ago. The request is for continuation of a muscle relaxant, Soma. The MTUS notes regarding Soma, also known as carisoprodol: Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004) Soma is not supported by evidence-based guides. Long-term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request is not medically necessary and was appropriately non-certified.