

<b>Case Number:</b>	CM15-0224506		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	03/24/2004
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 41-year-old male who sustained a work-related injury on 3-24-04. Medical record documentation on 10-30-15 revealed the injured worker was being treated for history of left shoulder biceps tendon tear, chronic intractable neck pain secondary to cervical degenerative disc disease with cervical spondylosis, cervicogenic headaches, chronic low back pain, right lower extremity radiculopathy, and chronic pain syndrome. He had no new changes to his pain. He had low back pain which radiated down the right leg and was improved with Lyrica, Oxycodone and OxyIR. His pain was rated a 4 on a 10-point scale at best and an 8 on a 10-point scale at worse. With his medications he was able to tolerate sitting, driving, house chores, and caring for family. Objective findings included tenderness to palpation to the left anterior shoulder, the bicipital tendon. His range of motion was within functional limits. His cervical spine and lumbar range of motion was decreased but within functional limits. His medications included OxyIR 30 mg, Oxycodone 80 mg, Lyrica 150 mg and Cymbalta 60 mg. He used Soma 350 mg (since at least 9-2-15). A request for carisoprodol 350 mg #120 was received on 11-3-15. On 11-11-15, the Utilization Review physician modified Carisoprodol 350 mg #120 to Carisoprodol 350 mg #105.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350 mg #120:** 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), Muscle relaxants (for pain).

**Decision rationale:** The claimant has a remote history of a cumulative trauma work injury with date of injury in January 2004 due to use of a [REDACTED]. He underwent left shoulder rotator cuff repair surgery in 2009. In September 2015 he was paying out-of-pocket for Soma and Fioricet. He was continuing to take oxycodone. In October 2015 he was continuing to maintain his same dose of pain medications. With medications and activity modification pain was decreased from 8/10 to 4/10. He was participating in the functional restoration program. Oxycodone and OxyContin were being prescribed at a total MED (morphine equivalent dose) of more than 900 mg per day. Physical examination findings included left anterior shoulder and biceps tendon tenderness. There was decreased but functional cervical and lumbar range of motion. Soma is being requested. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.