

<b>Case Number:</b>	CM15-0032183		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: 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 42-year-old female, who sustained an industrial injury on 5/22/2013. The diagnoses have included cervical disc protrusion C5-6 and complex regional pain syndrome right shoulder. Treatment to date has included physical therapy and medication. A progress note dated 10/29/2014 documented that the injured worker was given Oxycontin and Soma by a pain physician. She stated that a physical therapist adjusted her neck twice which made her pain severe with hand tingling and numbness and she went to the emergency department. She complained of pain in the right shoulder. Impingement sign was positive at the right shoulder. A trigger point injection was given. According to the Primary Treating Physician's Progress Report dated 11/13/2014, the injured worker complained of pain in the right side of the neck and shoulder. Trigger point injections did not help. Objective findings revealed hypersensitivity around the right shoulder area. Treatment plan was to continue with pain management. On 1/21/2015, Utilization Review (UR) non-certified a request for Carisoprodol 350mg dispensed on 12/1/2014. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for carisoprodol 350mg #60 (DOS: 12/01/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (muscle relaxants).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page 29. Muscle relaxants Page 63-65.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Medical records document a history of chronic shoulder and neck complaints. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS Chronic Pain Medical Treatment Guidelines indicates that Soma (Carisoprodol) is not recommended. MTUS and ACOEM guidelines do not support the use of Soma (Carisoprodol). Therefore, the request for Carisoprodol (Soma) is not medically necessary.