

Case Number:	CM15-0043824		
Date Assigned:	03/24/2015	Date of Injury:	10/25/2011
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 57-year-old female, who sustained an industrial injury on October 25, 2011. The injured worker sustained right shoulder, right arm, bilateral wrists and bilateral leg injuries related to being hit by a car. The diagnoses have included a torn right rotator cuff and chronic right shoulder impingement. Treatment to date has included medications, radiological studies, physical therapy, home exercise program, cortisone injections and right shoulder surgery in 2013. Current documentation dated February 5, 2015 notes that the injured worker complained of continuous right shoulder pain with associated numbness and tingling. The right shoulder pain radiated to the neck with associated stiffness and headaches. The pain also radiated to the right hand. The injured worker also reported a popping, clicking and grinding sensation in the right shoulder. Physical examination of the shoulders revealed tenderness to palpation over the right shoulder joint. Range of motion was restricted bilaterally. An impingement test was positive on the right. The treating physician's recommended plan of care included Carisoprodol 350 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 carisoprodol 350 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol).

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is not recommended. This medication is not indicated for long-term use. MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for 60 carisoprodol 350mg is in excess of the guidelines and weaning should occur. As such, the request is not medically necessary.