

<b>Case Number:</b>	CM15-0052346		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	08/18/1999
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old male who sustained an industrial injury on 08/18/1999. Current diagnoses include left frozen shoulder and left shoulder sprain/strain. Previous treatments included medication management. Initial complaints included left shoulder pain. Report dated 01/06/2015 noted that the injured worker presented with complaints that included left shoulder pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included physical therapy, ortho consult, and MRI arthrogram left shoulder. Disputed treatment included Soma. Of note some of the information in this report was not legible due to handwriting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg TID x 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) - Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Carisoprodol (Soma).

**Decision rationale:** Soma 350mg TID x 90 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient was prescribed Soma on 12/2/14. The MTUS does not recommend this medication long term. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma 350mg is not medically necessary.