

<b>Case Number:</b>	CM15-0063229		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Internal Medicine, 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 40 year old female, who sustained an industrial injury on 5/27/2011. Diagnoses include cervical discopathy, cervical spine radiculopathy, right shoulder rotator cuff tendinitis/bursitis and gastritis. Treatment to date has included diagnostic imaging, electrodiagnostic studies, medications, physical therapy, acupuncture, cervical epidural steroid injections and consultations. Per the Primary Treating Physician's Progress Report dated 1/09/2015, the injured worker reported intermittent severe neck pain that radiates to both hands. Physical examination of the cervical spine revealed tenderness to palpation and spasm about the paracervical and trapezial musculature. There was a positive cervical distraction test and restricted range of motion due to pain. Examination of the right shoulder revealed tenderness to palpation about the anterolateral shoulder and supraspinatus. There was mild tenderness extending to the pectoralis. There was restricted range of motion due to complaints of discomfort and pain. There was rotator cuff weakness noted. The plan of care included medications and authorization was requested for Carisoprodol 350mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol tab 350mg day supply: 20 quantity: 60 Rx date: 3/4/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants / anti-spasmodics / benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** This 40 year old female has complained of neck pain and right shoulder pain since date of injury 5/27/11. She has been treated with acupuncture, epidural steroid injection, acupuncture and medications to include muscle relaxants since at least 11/2014. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended. On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.