

<b>Case Number:</b>	CM15-0081816		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/17/2009
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 43 year old male sustained an industrial injury on 5/17/09. He subsequently reported shoulder pain. Diagnoses include pain in shoulder, strain of rotator cuff, adhesive capsulitis of the shoulder and shoulder impingement. Treatments to date include x-ray and MRI testing, surgeries, injections, therapy and prescription medications. The injured worker continues to experience right shoulder discomfort with limited motion. Upon examination, belly press test was positive and diminished strength and range of motion was noted. A request for Soma medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 MG 1 Every 6 Hours for Muscle Spasms #90 with 2 Refills:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case SOMA was prescribed for 3 months use. Long-term, use can increase addiction risk. It is not indicated for long-term use and is not medically necessary.