

<b>Case Number:</b>	CM14-0120212		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/29/2009
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48 year-old male with date of injury 09/29/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/04/2014, lists subjective complaints as pain in the right shoulder. Objective findings: Examination of the right shoulder revealed tenderness to palpation of the acromioclavicular joint. Spasms were noted in the right shoulder region musculature. Right shoulder abduction and forward flexion was 130 degrees with associated pain at the end ranges. Strength was 4+/5 in the right shoulder abduction and forward flexion. Diagnosis: 1. Right shoulder adhesive capsulitis, 2. Status post right shoulder surgery, 3. Lumbar facet pain, 4. Lumbar degenerative disc disease, 5. Bilateral Sacroiliitis. Original reviewer modified medication request to Carisoprodol 350mg, #15. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as three months. Medications: 1. Carisoprodol 350mg, #30 SIG: po qhs prn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random Urine Drug Screen per year Qty: 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Random Urine Drug Screen per year Qty: 4 is not medically necessary.

**Carisoprodol 350mg Qty: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 29.

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Carisoprodol 350mg Qty: 30 is not medically necessary.