

<b>Case Number:</b>	CM14-0120404		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/12/2008
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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:

This individual is a 48 year old male with a 7-12-08 date of industrial injury. Diagnosis post injury was a rotator cuff sprain. Individual has a history of a right rotator cuff repair and left shoulder pain due to overcompensation for the right shoulder injury. He suffers from cervical pain, right knee pain and anxiety as well. He has completed physical therapy and takes medications to help with pain control. At a visit 6-17-14, the individual presented with bilateral worsening shoulder pain, that was worse on the right side (subjective). Paraspinal cervical muscles were tender to palpation. He had pain with lumbar extension and a mild decrease in strength in the right deltoid and bicep (objective). He has been prescribed Soma 350 mg #60 for muscle spasm/pain. He is charted as taking this medication since January 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Chronic Pain Treatment Guidelines Soma/Carisoprodol, Opioids on going management Page(s): 29,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Carisoprodol (Soma) and Muscle Relaxants (for pain), Page(s). Decision based on Non-MTUS Citation Chronic 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 SOMA 350MG, #60 is in excess of the guidelines and weaning should occur. As such, the request for 1 PRESCRIPTION FOR SOMA 350MG, #60 is not medically necessary.