

<b>Case Number:</b>	CM14-0142947		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Oklahoma. 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 injured worker is a 49 year old male who reported an injury on 09/26/2013. The mechanism of injury was not specified. The diagnoses included status post rotator cuff repair and debridement. Past treatments include a sling, physical therapy, surgery and medications. Diagnostic tests included an MRI on 11/27/2013 of the right shoulder that revealed calcific tendinitis, largest in the supraspinatus tendon. The injured worker is status post right shoulder rotator cuff repair and debridement on 05/21/2014. On 08/14/2014, the injured worker did not have any complaints. The physical exam findings noted the incision site was normal and his range of motion was at 90 degrees of abduction and flexion. The medications and treatment plan indicated continuing with Ambien 5mg, Ibuprofen 800mg and Soma 350mg, to follow up in 6 weeks, and continue physical therapy. The rationale for the request was not provided. The request for authorization form was provided on 09/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350 mg # 40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma) Page(s): 30, 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol (Soma), Page(s): 63, 65; 29..

**Decision rationale:** The injured worker is status post rotator cuff repair and debridement. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines state Carisoprodol is not recommended and not indicated for long-term use. The medical records provided indicate an ongoing prescription for Carisoprodol since at least 07/01/2014. The guidelines state Carisoprodol is not recommended and not indicated for long-term use. Therefore, continued use is not supported. As such, the request for Carisoprodol 350mg with a quantity of 40 is not medically necessary.