

<b>Case Number:</b>	CM14-0215415		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	11/18/1999
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: Ohio, North Carolina, Virginia  
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:

The injured worker is a 59 year old male with a date of injury of 11-18-1999. He had a fall type of injury with resulting pain to the right shoulder, hand, arm, wrist, and neck. He complains of right shoulder spasms and bruxism as well. The diagnoses are shoulder pain and bruxism. The physical exam reveals the injured worker to be alert and oriented. The record does not indicate a more specific physical exam with regard to the right shoulder. The injured worker has been prescribed Oxycontin 40 mg three times daily, oxycodone 10 mg three times daily and Soma 350 mg every 6 hours as needed for at least the last 6 months. The request for Soma was non-certified per MTUS guidelines. The oxycodone quantity was modified from #90 to #68 on the basis that there was apparently no pain relief and no functional improvement. (MTUS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg, 120 count with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63 and 65.

**Decision rationale:** Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. (See, 2008) (Reeves, 2003) For more details, see Carisoprodol, where it is not recommended. See also Weaning of medications. Side Effects: drowsiness, psychological and physical dependence, & withdrawal with acute discontinuation. Dosing: 250 mg-350 mg four times a day. In this instance, the Soma has been in continuous use for several months without apparent benefit, this length of time clearly exceeds that which is recommended by the guidelines. Therefore, Soma 350 mg, 120 count with three refills is not medically necessary.

**Oxycodone 10 mg, ninety count with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the Guidelines, those prescribed opioids chronically should have ongoing assessment of pain relief, functional status, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there are improvements in pain levels and functionality as a consequence of the medication. In this instance, the pain levels are reported to be unchanged over time. There is no documentation of any improvements in functional status over time or in the short-term as a consequence of the medication. Consequently, the criteria for continued opioid use is not satisfied. Therefore, Oxycodone 10 mg, ninety count with one refill was not medically necessary.