

<b>Case Number:</b>	CM15-0012819		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 32-year-old female who reported an injury on 07/30/2014. The mechanism of injury was lifting. She is diagnosed with possible rotator cuff tear of the left shoulder. Her past treatments have included NSAIDs, physical therapy, activity modification and cortisone injection. At her followup visit on 12/18/2014, the injured worker was noted to complain of left shoulder pain. Physical examination revealed decreased range of motion of the left shoulder and numbness in the left hand and arm. An MRI of the left shoulder was recommended. A Request for Authorization was submitted on 01/16/2015 for Soma 350 mg #60 to be used twice daily for left shoulder pain. However, a rationale for this request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to the California MTUS Guidelines Soma is not recommended as this medication is not recommended for long term use due to its potential for abuse and adverse side effects. The clinical information submitted for review indicated that the injured worker had left shoulder pain and decreased range of motion. Her previous medications were noted to include NSAIDs and cyclobenzaprine. However, the documentation did not address the prescription for Soma. As this medication is not recommended for chronic pain, details regarding previous use are needed to establish necessity. Additionally, the request as submitted did not include a frequency. Therefore, the request is not medically necessary.