

Case Number:	CM15-0117372		
Date Assigned:	06/25/2015	Date of Injury:	01/30/2012
Decision Date:	07/31/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/17/2015

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

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 sustained an industrial injury on 1/30/2012. He reported acute pain to the back and left shoulder from a lifting activity. Diagnoses include cervical sprain/strain, left shoulder rotator cuff tear; status post arthroscopic repair, right shoulder sprain secondary to compensatory factors, and sleep, psych, and stomach issues. Treatments to date include activity medication, anti-inflammatory, opioid, muscle relaxer, physical therapy, and TENS unit. Currently, he complained of neck, low back and bilateral shoulder pain. It was documented that Soma reduced pain from 9-10/10 VAS to a 7/10 VAS. On 4/27/15, the physical examination documented tenderness in left trapezius and painful decreased range of motion of the cervical spine and lumbar spine. The left shoulder demonstrated a positive Neer's and Hawkins impingements tests. The plan of care included Soma 350mg tablets, one tablet every six hours as needed #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol (Soma) Page(s): 29, 63-66.

Decision rationale: The patient presents with diagnoses that include cervical sprain/strain, left shoulder rotator cuff tear - status post arthroscopic repair, right shoulder sprain secondary to compensatory factors and sleep, psych and stomach issues. The patient currently complains of neck, low back and bilateral shoulder pain. The current request is for Soma 350 MG Qty 120. The treating physician states in the 5/18/15 (14B) treating report under the written prescription section, "Soma (Carisoprodol) 350 MG Tab #90 Sig: 1 Tab by mouth for spasm as 8 hours p.r.n". MTUS guidelines are very clear regarding Soma; MTUS states "Not recommended. This medication is not indicated for long-term use". While it is not clear when the patient began treating with this medication the clinical history documents continuous use back to at least 1/15/15, the duration of use of this medication far exceeds MTUS Guidelines. Furthermore, MTUS page 60 states that the physician should record pain and improvements in function while taking the prescribed medication. No record of pain and improvements in function while taking the medication were included in the medical history. The requested treatment is not medically necessary.