

Case Number:	CM15-0162712		
Date Assigned:	08/31/2015	Date of Injury:	07/22/2014
Decision Date:	12/29/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

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

Certification(s)/Specialty: Emergency Medicine

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 52 year old male who sustained an industrial injury on 07-22-2014. On 02-02-2015, the injured worker underwent shoulder surgery. According to a progress report dated 07-15-2015, the injured worker was doing formal exercises and was improving, but continued having postoperative pain with attempted use of his left arm at or above shoulder height. He was doing his own therapy and was progressing. Weaning of Norco was tried with Tylenol with Codeine, but the injured worker got a "severe" entire body rash. When he tried to do normal things with his left arm at or above shoulder height, he experienced some pain. There was 90 degrees of abduction and forward flexion with total abduction and external rotation 150 degrees with good strength. The swelling around the left shoulder had resolved. Internal rotation of his left arm was about 5 degrees less than his right arm and both were limited to L2 level. Overall he had increased strength in most positions. The treatment plan included Norco, Soma and Lunesta. Work status included full duty. Documentation showed use of Soma dating back to 12-17-2014. On 07-30-2015, Utilization Review non-certified the request for Carisoprodol 350 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The poor documentation does not provide any rational justification for continuing this medically inappropriate medication. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.