

<b>Case Number:</b>	CM15-0169397		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 was a 51 year old female, who sustained an industrial injury, March 10, 2009. The injured worker was undergoing treatment for right shoulder rotator cuff tear, status post right shoulder surgery 2009 and left shoulder impingement syndrome. According to the progress note of May 1, 2015 the injured worker was taking Soma 350mg one by mouth at hour of sleep. According to progress note of June 5, 2015, the injured worker's chief complaint was continued pain with decreased range of motion in the shoulders, right greater than the left. Bilateral upper extremity had weakness and decreased activities of daily living due to pain and weakness. The physical exam noted bilateral upper extremity weakness. The Speed's test was positive bilaterally. The right was positive for crepitus. There was decreased function of the bilateral shoulders. The injured worker previously received the following treatments Soma since May 1, 2015 and Voltaren Gel. The RFA (request for authorization) dated July 20, 2015; the following treatments were requested prescription for Soma 350mg one by mouth at hour of sleep quantity 30 with 2 refills. The UR (utilization review board) denied certification on July 28, 2015; for a prescription for Soma 350mg quantity 30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

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

**Decision rationale:** Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.