

<b>Case Number:</b>	CM15-0171967		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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 is a 43 year old female, who sustained an industrial injury on 3-27-2013. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include bilateral shoulder impingement, cervical radiculitis, bilateral carpal tunnel syndrome, gastroduodenal disorders, and anxiety disorder, status post right shoulder surgery. Treatments to date include activity modification, medication therapy, physical therapy, and chiropractic therapy. Currently, the medical records documented an increase in the right shoulder pain with an MR arthrogram recently ordered and completed, date unknown. The results were noted to indicate a near complete tear of the supraspinatus tendon. The current medications included Naproxen, Omeprazole, topical Capsaicin cream, Carisoprodol 350mg, and Tylenol #3. On 8-17-15, the physical examination documented cervical tenderness with restricted range of motion and muscle spasm present. There was decreased sensation noted in bilateral upper extremities. The range of motion in both shoulders was restricted with positive impingement signs bilaterally. The wrists were noted to have decreased sensation and positive Tinel's and Phalen's tests. The plan of care included continuation of medications as previously prescribed. The appeal requested authorization of Carisoprodol 350mg. The Utilization Review dated 8-27-15, denied the request based on California MTUS Guidelines stating "this medication is not indicated for long-term use."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg quantity unspecified: 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:** 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. Furthermore, the request does not specify quantity information. Therefore, the request is not medically necessary.