

<b>Case Number:</b>	CM13-0049405		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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: Massachusetts

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:

This is a 67 year old female with a date of injury on 3-10-09. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral shoulders. Progress report dated 6-8-13 reports continued complaints of left shoulder pain described as dull and tightness. The pain is rated 6 out of 10 at rest and 8 out of 10 with activity. She is limited with activity and is unable to work. Objective findings: palpation reveals areas of spasm, hypo-mobility and tenderness. She has decreases range of motion. Treatments include: medication, physical therapy, left shoulder arthroscopy (6-26-13), electrical stimulation, cold laser therapy. Request for authorization was made for Soma 350 mg quantity 90 one after meal, no refill for post operative management of left shoulder pain as outpatient. Utilization review dated 10-10-13 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90 (1 orally after a meal) for post operative management of the left shoulder for pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Shoulder; Table 2, Summary of Recommendations, Shoulder>

Disorders, Goodman and Gillman's, The Pharmacological Basis of Therapeutics, 11th ed., McGraw Hill 2006 and ODG Workers Compensation Drug Formulary ([www.odg.twc.com/odgtwc/formulary.htm](http://www.odg.twc.com/odgtwc/formulary.htm)).

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

**Decision rationale:** The claimant sustained a work injury in March 2009 and underwent an arthroscopic left shoulder rotator cuff decompression with debridement on 06/26/13. Prior to surgery, she had failed conservative treatments and physical examination findings included shoulder tenderness with positive impingement testing. After surgery, she was improving with postoperative physical therapy. There was decreased range of motion. Impingement testing was negative. Authorization is being requested for Soma for management of postoperative pain. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.