

<b>Case Number:</b>	CM13-0001615		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old female who experienced an injury to right shoulder in 11/30/10. The patient was diagnosed with right shoulder impingement syndrome. Mechanism of injury is not described in the available records. The patient presented to her physician on June 19, 2013 with complaints of 4 weeks of right shoulder pain, which interfered with her sleep. Diagnosis was right shoulder impingement flare. The patient was prescribed Norco 10/325 # 60 and Soma 350 # 30. Request for authorization of MRI of the right shoulder was submitted at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-207, Chronic Pain Treatment Guidelines.

**Decision rationale:** Primary criteria for ordering imaging studies are emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema,

cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment). In this case the patient had a known diagnosis of impingement syndrome. Chronic Medical Treatment Guidelines state that there are no tests indicated for impingement syndrome.

**Hydrocodone Bit/Acet 10/325:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-207, Chronic Pain Treatment Guidelines Page(s): 76-96.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. For shoulder injuries recommended therapies are Tylenol or NSAIDS, A short course of narcotics is recommended in acute AC joint separation.

**Carisoprodol 350 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-207, Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** Carisoprodol is not recommended. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The only recommended prescribed medications for shoulder injury are NSAID. Narcotics are recommended in acute AC joint separation only. Chronic Pain Medical Treatment Guidelines do not recommend muscle relaxants for shoulder injury.