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| Case Number: | CM13-0024756 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 02/19/2002 |
| Decision Date: | 01/23/2014 | UR Denial Date: | 08/14/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 sustained an injury on 02/19/2002, while she was transferring a claimant from a Hoyer lift and injured her left shoulder. The patient was diagnosed as having chronic left shoulder pain; status post left shoulder rotator cuff tear and repair. Medical records provided for review, including the 02/05/2013 progress note, indicated the patient was still complaining of persistent left shoulder pain. The patient has undergone injection therapy, as well as continued use of oral medications such as omeprazole, Soma, and Zomig. The most recent exam findings dated 08/02/2013 noted the patient is still reporting left shoulder pain, which was found to have moderate restriction on the left, with internal rotation and abduction, left biceps tendon and left acromioclavicular joint tenderness, and 100 degrees of left shoulder forward flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Carisoprodol (Soma) Page(s): 29.

Decision rationale: Regarding the request for Soma 350 mg, a total of 45 tablets, under California Chronic Pain Medical Treatment Guidelines, it states that carisoprodol, otherwise known as Soma, is not recommended for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant whose primary active metabolite is meprobamate, which is a schedule-IV controlled substance. The documentation notes that the patient has been utilizing this medication since at least 11/2012. Furthermore, there are no objective measurements stating that his medication has had any positive effect on the patient's overall pain level or has helped her with increased functioning. As such, with the request not being recommended under California Chronic Pain Medical Treatment Guidelines, and without the clinical documentation to back up the efficacy of the medication, the requested service is non-certified.

Omeprazole 20mg, 1 daily, #60 (2 month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section (NSAIDS) Non-Steroidal Anti-Inflammatory Drugs, Gastrointestinal Symptoms & Cardiovascu.

Decision rationale: Regarding the second request for omeprazole 20 mg, under California MTUS Chronic Pain Medical Treatment Guidelines, omeprazole may be prescribed for patients who are at intermediate risk for gastrointestinal events and no cardiovascular disease. The documentation provided for review does not state that the patient has any form of gastrointestinal events that would necessitate the use of omeprazole at this time. Furthermore, the most recent clinical documentation is dated 08/02/2013. As such, it is unclear what medications the patient is currently taking. Therefore, the medical necessity for the use of omeprazole cannot be determined at this time. As such, the requested service is non-certified.

3 Orthopedic specialist referral for Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7, pg 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-196.

Decision rationale: Regarding the third request for 3 orthopedic specialist referrals for the left shoulder, under California MTUS Chronic Pain Medical Treatment Guidelines at ACOEM, it states that occupational and primary care providers commonly see shoulder complaints that are potentially work-related. They are among the 5 most common causes of reported work-related health complaints and Workers' Compensation claims. However, it goes on to state that if symptom persist for more than 4 to 6 weeks, referral for specialty care may be indicated. The patient was seen by an orthopedic specialist back in 2002, prior to her rotator cuff repair. She

has since had ongoing complaints of the left shoulder pain and decreased range of motion. Therefore, under the guideline recommendations, because the patient has been having symptoms that have persisted for more than 4 to 6 weeks, referral to an orthopedic specialist would be considered appropriate. However, due to the other 2 requests being non-certified, the requested service for the 3 orthopedic specialist referrals cannot be fulfilled at this time.