

Case Number:	CM13-0030692		
Date Assigned:	11/27/2013	Date of Injury:	05/02/2012
Decision Date:	02/10/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/30/2013

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 Fellowship trained 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 50-year-old male who reported a work-related injury on 05/02/2012 as the result of a strain to the right shoulder. The clinical note dated 11/05/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient was doing well in regards to cervical spine pain, as well as right shoulder pain. The patient's physical exam revealed forward flexion at 160 degrees and external rotation at 60 degrees. The patient had negative impingement signs. The provider documented that the patient was seen status post a shoulder arthroscopy, rotator cuff debridement, biceps tenodesis, chondroplasty of the glenohumeral joint, subacromial decompression and distal clavicle resection. The provider reported that the patient would continue with physical therapy with regards to his shoulder. The provider documented that the patient would utilize Motrin, in addition to Ultram or Vicodin on an as needed basis for his cervical spine pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65, 79-81. Decision based on Non-MTUS Citation FDA, <http://www.drugs.com/otc/113018/pain-relieving.html>, and Peer-reviewed literature (Management of Opioid-induced Gastrointestinal Effects: Treatments).

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

Decision rationale: The Chronic Pain Guidelines indicate that Soma is not recommended. This medication is not indicated for long-term use. The clinical documentation submitted for review failed to show evidence of the duration of the patient's use of this medication, the efficacy of treatment, and clarification of whether or not the patient was still utilizing the medications. ■■■■■ documented that the patient was utilizing Motrin, Ultram and Vicodin for pain complaints.

Pantoprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Opioid Treatment Guidelines from the American Pain Society, and the American Academy of Pain Medicine. The Claims Administrator also cited peer-review articles in the New England Journal of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): s 68-69.

Decision rationale: The Chronic Pain Guidelines support the utilization of proton pump inhibitors for patients at risk for gastrointestinal events and complaints. However, the clinical notes failed to document that the patient reported any gastrointestinal symptomatology, or risk factors in the most recent clinical notes submitted for review