

<b>Case Number:</b>	CM13-0072489		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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. The expert reviewer is Board Certified in Preventative Medicine, and is licensed to practice in California. 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/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:

According to the records made available for review, this is a 47-year-old male with a 8/5/10 date of injury and status post left shoulder arthroscopy x3, last one on 12/23/10. At the time (11/12/13) of request for authorization for psychological consultation quantity 1, Soma 350 mg quantity # 90, and Norco 10/325 quantity # 180, there is documentation of subjective (chronic left shoulder pain) and objective (decreased left shoulder range of motion, positive Hawkin's, Neer's and drop arm tests, and decreased sensation over the middle, ring and little fingers of the right hand) findings, current diagnoses (osteoarthritis of shoulder, pain in shoulder joint, and arthropathy of shoulder), and treatment to date (Norco and Soma since at least 8/1/13 with adequate pain control). In addition, medical report plan identifies a request for psychological consultation to evaluate for psychiatric overlay as part of the standard of care for pain management. Regarding the requested psychological consultation quantity 1, there is no documentation of a specific psychological complaint/diagnosis that allows for screening, assessment of goals, and further treatment options. Regarding the requested Soma 350 mg quantity # 90, there is no documentation of acute exacerbations of chronic pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Soma. Regarding the requested Norco 10/325 quantity # 180, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PSYCHOLOGICAL CONSULTATION QUANTITY 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PSYCHOLOGICAL EVALUATION, 100-102.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological evaluation. ODG identifies that psychological evaluations are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of shoulder, pain in shoulder joint, and arthropathy of shoulder. In addition, there is documentation of chronic left shoulder pain. However, despite documentation of a plan identifying psychological consultation to evaluate for psychiatric overlay as part of the standard of care for pain management, there is no (clear) documentation of a specific psychological complaint/diagnosis that allows for screening, assessment of goals, and further treatment options. Therefore, based on guidelines and a review of the evidence, the request for psychological consultation quantity 1 is not medically necessary.

### **SOMA 350 MG QUANTITY # 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA), 29 Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of shoulder, pain in shoulder joint, and arthropathy of shoulder. In addition, there is documentation of chronic pain. However,

there is no documentation of acute exacerbations of chronic pain. In addition, given documentation of ongoing treatment with Soma since at least 8/1/13, there is no documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation of adequate pain control with the use of Soma, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Soma. Therefore, based on guidelines and a review of the evidence, the request for Soma 350 mg quantity # 90 is not medically necessary.

**NORCO 10/325 QUANTITY # 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of shoulder, pain in shoulder joint, and arthropathy of shoulder. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of ongoing treatment with Norco since at least 8/1/13 with adequate pain control, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 quantity # 180 is not medically necessary.