MAXIMUS Federal Services

Case Number:	CM14-0008611		
Date Assigned:	02/12/2014	Date of Injury:	12/03/2012
Decision Date:	07/31/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/22/2014

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 Occupational 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:

The patient is a 34-year-old male who has submitted a claim for supraspinatus tendinosis, labral tear left shoulder, left shoulder and arm sprain/strain, lumbar spine musculo-ligamentous sprain/strain, left hip sprain/strain, and left knee sprain/strain; associated with an industrial injury date of 12/03/2012. The medical records from 2013 to 2014 were reviewed and showed that patient complained of severe left shoulder pain, graded 9/10, radiating to the left upper extremity. The physical examination showed decreased range of motion of the left shoulder. The Impingement I and Impingement II signs are positive. There is no evidence of anterior, posterior, or inferior instability. The motor testing showed weakness of the left shoulder. Hypoesthesia was noted over the C4-7 dermatomes on the left. An MRI of the left shoulder, dated 01/08/2013, showed linear signal abnormality involving the anterior and anterior-inferior aspects of the fibrocartilaginous labrum, and a MR arthrography is suggested for further evaluation. Treatment to date has included medications, physical therapy, and injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG, QTY: 30: 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) Page(s): 29.

Decision rationale: As noted on page 29 of the CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use, particularly when used in conjunction with opioid medications. In this case, patient was prescribed Soma and Ultram since at least March 2013. However, patient has failed to effect any lasting benefit or functional improvement through prior usage of Soma as evidenced by remaining off of work, on total temporary disability. Therefore, the request is not certified both owing to the unfavorable guideline recommendation on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines and also owing to the lack of functional improvement effected through prior usage of Soma. Therefore, the request for Soma 350 mg, #30 is not medically necessary.

Magnetic Resonance Angiogram (MRA) of The Left Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Arthrography.

Decision rationale: The CA MTUS does not address this topic. Per the strength of evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. The ODG states that MRA and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. An MRA may be the preferred investigation because of its better demonstration of soft tissue anatomy. However, in many institutions MR arthrography is usually necessary to diagnose labral tears. In this case, patient complains of left shoulder pain radiating to the left upper extremity despite medications, physical therapy, and injection therapy. An MRA of the left shoulder, dated 01/08/2013, showed linear signal abnormality involving the anterior and anterior-inferior aspects of the fibrocartilaginous labrum, and a MR arthrography is suggested for further evaluation. An MR arthrography is requested in this case as a conservative approach to diagnose a labral tear versus surgery, which is the alternative option as stated in a progress report dated 01/22/2014. Therefore the request for MRA of the left shoulder is medically necessary.

Random Urine Drug Screen (UDS): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,85, and 94.

Decision rationale: As stated on pages 78, 85, and 94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening (UDS) is recommended as random UDS to avoid

opioid addiction or drug diversion. Substance misuse and drug diversion include urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion, and urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. In this case, medical records show that UDS was performed on 04/15/2013, 06/10/2013, 07/15/2013, 08/12/2013, and 11/18/2013; with the most recent tests being negative for prescribed opioid medication (i.e., Tramadol). Aberrant drug behavior is suspected. The medical necessity has been established. Therefore, the request for random UDS is medically necessary.