

Case Number:	CM14-0138450		
Date Assigned:	09/05/2014	Date of Injury:	06/30/2011
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 33 year-old male was reportedly injured on 06/30/2011. The mechanism of injury is noted as an industrial injury. No treatment records were submitted for review. The peer review, dated 8/12/2014, mentions the most recent physical exam taking place on 7/31/2014, indicating that there were ongoing complaints of bilateral shoulder pain, and low back pain. The physical examination is mentioned on 7/31/2014. It States axial lumbar spine is tender, positive lumbar pain with extension/rotation, tender left sacroiliac joint. Bilateral shoulder tenderness and shoulder abduction is limited. Normal lower extremity exam. Diagnostic imaging studies mentioned an MRI of the right shoulder dated 4/28/2014 which revealed a partial tear of the right infraspinatus tendon, osteoarthritis, and fluid in the biceps tendon. Left shoulder reveals bankcard lesion, capsular disruption and tendinosis of the rotator cuff with impingement. Official radiological report was unavailable for review. Previous treatment includes medications and conservative treatment. A request has been made for Soma 350 mg #90, Dilaudid 4 mg #60, Norco 10/325 mg #180 and was not certified in the pre-authorization process on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: Upheld

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

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

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. MTUS specifically recommends against the use of Soma due to its abuse potential. Based on the clinical documentation provided, the clinician fails to provide rationale for deviation from the chronic pain treatment guidelines. As such, this medication is not considered medically necessary.

Dilaudid 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75, 78, 93.

Decision rationale: CA MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury. However, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.