

Case Number:	CM14-0029883		
Date Assigned:	09/10/2014	Date of Injury:	12/07/2000
Decision Date:	10/14/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 Internal 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 injured worker is a 66 year old male injured on 12/07/00 due to trip and fall into a push up position causing pain to the back and right shoulder. The injured worker underwent subacromial decompression with acromioplasty and distal clavicle resection. The injured worker continued to complain of pain with subsequent revision acromioplasty, lysis of adhesions, and manipulation under anesthesia. The injured worker has undergone physical therapy, multiple injections, and medication management. Diagnoses include unspecified disorder of bursa and tendon of the shoulder region, degenerative lumbar/lumbosacral intervertebral disc, and lumbago. Clinical note dated 04/14/14 indicated the injured worker presented reporting feeling a little better rating right lower lumbar region pain at 3-4/10 on the. The injured worker reported right shoulder pain waxing and waning rated at 3-5/10 and tolerable with current medications. Objective findings included the ability to transfer and ambulate without difficulty, no atrophy of the bilateral upper or lower extremities, fair lower extremity edema and strength, tenderness to palpation across the superior and lateral aspect of the shoulders, and tenderness to palpation across the gluteal region. Treatment plan included continuation of prescription medications. Medications included Motrin, Soma, Vicodin, and Tylenol. The initial request was non-certified on 04/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 250mg quantity 240 tablets.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 29 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for Soma 250mg quantity 240 tablets is not medically necessary.

Vicodin 5/500mg quantity #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Vicodin 5/500mg quantity #120 is not medically necessary at this time.