

Case Number:	CM14-0042397		
Date Assigned:	06/30/2014	Date of Injury:	03/22/2006
Decision Date:	07/30/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/08/2014

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, has a subspecialty in Interventional Spine 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 59-year-old female with date of injury of 03/22/2006. The listed diagnoses per [REDACTED] dated 02/27/2014 includes status post right shoulder surgery with residual right shoulder pain and stiffness and a history of prior bilateral carpal tunnel release and recent right carpal tunnel release on 03/14/2013. According to this report, the patient complains of right shoulder pain and bilateral hand numbness. She rates her pain a 9/10. The objective findings show the patient's gait is normal. She is tender on palpation in the right scapular area. There are no muscle spasms, no deformity, and no winging of the scapula. The shoulder range of motion upon flexion and abduction is 160 degrees and internal and external rotation is at 70 degrees. A neurologic examination of the upper extremity shows 5/5 muscle strength and symmetrical reflexes. The Utilization Review denied the request on 04/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Norco 10mg every 8 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: This patient presents with right shoulder and bilateral hand pain. The patient is status post right shoulder surgery and bilateral carpal tunnel release. The physician is requesting a retrospective request for Norco 10 mg. For chronic opiate use, the MTUS Guidelines require specific documentations regarding pain and function. Page 78 of MTUS requires "pain assessment" that requires "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief last." Furthermore, "the 4 A's for ongoing monitoring" are required which includes: analgesia, activities of daily living, adverse side effects, and aberrant drug-seeking behavior. A review of medical records shows that the patient was prescribed Norco on 11/27/2013. However, it is unclear if the patient was taking this medication prior to this date. The records do not document medication efficacy, "pain assessment" using a numerical scale, or "outcome measures." In this case, given the lack of documented functional improvement with the use of Norco, recommendation is for denial and slow tapering of the opiate. Therefore the request is not medically necessary.

Retro: Soma 350mg every 8 hours as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with right shoulder and bilateral hand pain. The patient is status post right shoulder surgery and bilateral carpal tunnel release from 03/14/2013. The physician is requesting a retrospective request for Soma 350 mg, a muscle relaxant. The MTUS Guidelines page 29 on Carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant, whose primary active metabolite is meprobamate (a schedule IV controlled substance). The review of records shows that the patient was prescribed Soma on 11/27/2013. In this case, the MTUS Guidelines do not recommend the long-term use of this medication. Therefore the request is not medically necessary.

Retro: Limbrel 500mg two (2) times per day: Upheld

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

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

Decision rationale: This patient presents with right shoulder and bilateral hand pain. The patient is status post right shoulder surgery and bilateral carpal tunnel release from 03/14/2013. The physician is requesting a retrospective request for Limbrel 500 mg. The MTUS and ACOEM

Guidelines do not address this request. However, the ODG on Limbrel (Flavocoxid) state that this is currently under study as an option for arthritis in patients at risk of adverse effects from NSAIDs. Limbrel is a botanical medical food made from root and bark extracts from plants. In this case, ODG does not support the use of Limbrel for treatment of arthritis as of yet. Therefore the request is not medically necessary.