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| Case Number: | CM14-0197626 | | |
| Date Assigned: | 12/05/2014 | Date of Injury: | 05/16/2013 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 Rehab, 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 41 year old male with an injury date on 5/16/13. The patient complains of improving right shoulder pain, neck pain, and right arm numbness per 10/1/14 report. The patient rates his pain as 5/10 without medications and 9/10 with medications per 10/1/14 report. The patient complained of a flare-up of right neck/shoulder pain, with numbness/tingling in right upper extremity with use of right upper extremity and head rotation per 10/22/14 report. Based on the 10/28/14 progress report provided by the treating physician, the diagnoses are: 1. Full thickness rotator cuff tear; 2. Fibromyositis; 3. Adhesive capsulitis of shoulder; 4. Disorder of bursa of shoulder region; 5. Psychopsychiologic disorder; 6. Brachial plexus disorder. A physical exam on 10/22/14 showed "C-spine range of motion mildly limited, improved right shoulder range of motion with abduction to 120 degrees." The patient's treatment history includes medications, skilled physical therapy (significant improvement), home exercise program. The treating physician is requesting Soma 350mg #60, and Percocet 10/325mg #150. The utilization review determination being challenged is dated 10/30/14. The requesting physician provided treatment reports from 6/11/14 to 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol; Muscle Relaxants Page(s): 29; 63-66.

Decision rationale: This patient presents with right shoulder pain, rib pain, neck pain. The treating physician has asked for Soma 350mg #60 on 10/28/14 "1-2 tablets at bedtime by oral route." Patient has been taking Soma since 10/22/14. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Soma for a week. The requested soma 350mg #60 (1-2 tablets at bedtime by oral route) is an additional month's supply. As Soma is not recommended for more than a 2-3 week period, the request for an additional month-long prescription for Soma is not medically necessary.

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78; 88-89.

Decision rationale: This patient presents with right shoulder pain, rib pain, neck pain. The treating physician has asked for Percocet 10/325mg #150 on 10/28/14. Patient has been taking Percocet since 6/12/14. The patient increased dose of Percocet from 5mg to 10mg to manage pain during post-op rehab per 6/26/14 report. The treating physician states the patient has weaned off Percocet 10/325mg and transitioned to Norco per 10/1/14 report. It appears patient has not officially weaned off Percocet, as per current request in progress reported dated 10/28/14 (which adds: "do not fill until 11/1/14 for 30 days, stop 11/21/2014). For chronic opioids use, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician does not indicate a decrease in pain with Percocet, stating "increasing foggy with her from the use of Percocet" per 10/22/14 report. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request is not medically necessary.