

Case Number:	CM14-0203153		
Date Assigned:	12/15/2014	Date of Injury:	08/06/2006
Decision Date:	02/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This individual is a 44 y/o male who has developed chronic shoulder pain subsequent to an injury dated 8/06/06. He is reported to have had a Mumford procedure on his shoulder with subsequent complications. He developed adhesive capsulitis and has had to have additional procedures due to adhesive capsulitis. He had returned to work. There is no evidence of accelerated or misuse of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #30: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific that Carisoprodol is not recommended. This particular muscle relaxant is address in the Guidelines separately in addition to generally

under muscle relaxants. There are no unusual circumstances to justify an exception to Guidelines. The Carisoprodol 350mg. #30 is not medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue.

Decision rationale: Although the MTUS Guidelines point out the lack of good evidence to support long-term opioid use with chronic musculoskeletal pain, the Guidelines do not recommend discontinued use for every individual. The Guidelines specifically state that when there is some pain relief and the individual has returned to work (the best evidence of functional benefits) it is reasonable to continue opioid use. Under these circumstances, guidelines support the appropriate use of Norco, the Norco 10/325mg #120 is medically necessary.