

Case Number:	CM14-0025338		
Date Assigned:	03/03/2014	Date of Injury:	07/31/2007
Decision Date:	04/16/2015	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	01/15/2014

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: Texas, New York, 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:

The applicant is a represented 59-year-old who has filed a claim for chronic shoulder, knee, and low back pain reportedly associated with an industrial injury of July 31, 2007. In a Utilization Review Report dated October 7, 2013, the claims administrator failed to approve a request for shoulder MRI imaging and carisoprodol. The claims administrator referenced an August 28, 2013 progress note in its determination. The applicant's attorney subsequently appealed. On August 28, 2013, the applicant reported ongoing complaints of shoulder, knee, and back pain, at times moderate-to-severe, 9/10. The applicant was using Percocet, Norco, Soma, Restoril and Valium, it was acknowledged, all of which were refilled. The applicant was asked to consult a psychiatrist for psychiatric complaints. The applicant was status post earlier left shoulder rotator cuff repair surgery. Positive signs of internal impingement were appreciated about the injured shoulder. Shoulder MRI imaging was sought. The requesting provider was a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-9.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: No, the request for MRI imaging of the shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI imaging for evaluation purposes without surgical indications is deemed "not recommended." Here, the attending provider did not state how the proposed shoulder MRI would influence or alter the treatment plan. There was no mention made of the applicant's willingness to consider surgical intervention based on the outcome of the study in question. The requesting provider was a pain management physician, not a shoulder surgeon, reducing the likelihood of the applicant's acting on the results of study in question. Therefore, the request was not medically necessary.

CARISPRODOL 350MG TABLETS, ONE TAB TID-QID PRN SPASM, #55 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 65; 29.

Decision rationale: Similarly, the result for carisoprodol was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines further cautions against usage of Soma in conjunction with opioid agents. Here, the applicant was using at least two separate opioids agents, Norco and Percocet. Adding carisoprodol or Soma to the mix was not recommended. Therefore, the request was not medically necessary.