MAXIMUS Federal Services

Case Number:	CM15-0001377		
Date Assigned:	01/12/2015	Date of Injury:	07/22/2014
Decision Date:	03/06/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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:

The injured worker is a 51 year old male, who sustained an industrial injury on July 22, 2014, slipping and falling six feet off a roof. The injured worker reported immediate left shoulder pain. The diagnoses have included rotator cuff rupture, bicipital tenosynovitis, rupture of the quadriceps tendon, sprain and tendon tear of the subscapularis, lumbar sacral sprain, and cervical neck sprain. Treatment to date has included oral medications, physical therapy, TENS, and nerve block treatments. Currently, the Injured Worker complains of left shoulder pain that radiates down to the chest and biceps lower back pain with severe muscle spasms, neck pain, and left leg pain. A Medical Report dated December 19, 2014, noted the cervical neck and lumbar sacral spine range of motion was limited due to pain. A MRI of the left shoulder was noted to show a split tear of the intra-articular portion of the long head biceps tendon with underlying tendinitis, tenosynovitis, and involvement of the biceps labra anchor, a superior labra degenerative tear, moderate grad interstitial tear of the subscapular tendon with mild medial subluxation of the long head of the biceps tendon, moderate tendinosis of the supraspinatus tendon. And moderate severe degenerative changes of the acromioclavicular joint.On December 29, 2014, Utilization Review non-certified the request for Valium 10mg, sixty count, Soma 350mg, ninety count, and Norco 10mg, sixty count, noting the medications were not medically necessary, however, due to the nature of the drugs, weaning was recommended. The MTUS Chronic Pain Medical Treatment Guidelines, ACOEM Guidelines, was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of Valium 10mg, sixty count, Soma 350mg, ninety count, and Norco 10mg, sixty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS Guidelines are very specific stating that long term use of Benzodiazepines (Valium) beyond 4 weeks is not recommended. This includes use of these drugs for pain or muscle spasm. There are no unusual circumstances to justify an exception to Guidelines. The Valium 10mg. #60 is not medically necessary.

Soma 350 mg, ninety count: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific that Soma (Cardisoprodol) is not a recommended drug. There are no unusual circumstances to justify an exception to Guidelines. The Soma 350mg. #90 is not medically necessary.

Norco 10 mg sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines have very specific criteria to justify the use of long term opioid medications. These criteria includes physician documentation quantifying the level of pain relief, the length of pain relief and measureable functional benefits as a result of opioid use. The prescribing physician does not adequately meet any of these standards. The prescribing physician could provide additional information, but at this point in time, the Norco 10mg. #60 is not consistent with Guidelines and is not medically necessary.