

Case Number:	CM15-0102954		
Date Assigned:	06/05/2015	Date of Injury:	12/09/1983
Decision Date:	07/13/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male, who sustained an industrial injury on 12/9/83. The injured worker has complaints of left knee pain; low back pain, left shoulder pain and right shoulder pain. The documentation noted lower back had positive tenderness right sacroiliac joint, positive tenderness left sacroiliac joint, positive tenderness right sciatic noted, positive tenderness left sciatic notch to midline percussion and paraspinal tenderness. The diagnoses have included rotator cuff sprain and strain, right shoulder; displacement of lumbar intervertebral disc without myelopathy and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included multiple level fusion; right rotator cuff tear repaired and revision; decompression/discectomy; magnetic resonance imaging (MRI) of the left shoulder on 11/19/14 showed a superior labrum, anterior to posterior tear and widening of the acromioclavicular (AC) joint approximately 1 cm; magnetic resonance imaging (MRI) of the right knee showed a grade 1 to 11 sprain of the medial collateral ligament, medial meniscus tears, moderate Baker's cyst measuring 6cm times almost 3cm, grade 1 chondromalacia of the patellofemoral joint, as well as chronic partial tear of the anterior cruciate ligament; magnetic resonance imaging (MRI) of the left knee on 11/13/14 showed an intermediate signal involving the distal quadriceps tendon, which represents a chronic partial tear versus tendinopathy; magnetic resonance imaging (MRI) of the left knee on 11/13/14 showed an intermediate signal involving the distal quadriceps tendon, which represents a chronic partial tear versus tendinopathy and sling right shoulder. The request was for norco 10/325mg quantity 120 and soma 350mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with diagnoses of rotator cuff sprain and strain, right shoulder; displacement of lumbar intervertebral disc without myelopathy and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included multiple level fusion, right rotator cuff tear repair and revision, decompression/discectomy. The patient currently complains of left knee pain, low back pain, left shoulder pain and right shoulder pain. The current request is for Norco 10/325mg quantity 120. The treating physician states on 4/20/15 (32B) that the "patients knee L is hurting him significantly. Climbing up and down stairs is painful. He is scheduled for his surgery (knee arthroscopy) this week. He will need Norco 10/325 180 tabs, Soma (180 tabs), Kaflex 500 QID (20 tabs), Colasc 100 BID (10 tabs). Will f/u in 1 wk for post op visit." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "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 aberrant 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, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, and intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.

Soma 350mg quantity 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carisoprodol.

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

Decision rationale: The patient presents with diagnoses of rotator cuff sprain and strain, right shoulder; displacement of lumbar intervertebral disc without myelopathy and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included multiple level fusion, right rotator cuff tear repair and revision, decompression/discectomy. The patient currently complains of left knee pain, low back pain, left shoulder pain and right shoulder pain. The

current request is for Soma 350mg quantity 120. The treating physician states on 4/20/15 (32B) that the "patients knee L is hurting him significantly. Climbing up and down stairs is painful. He is scheduled for his surgery this week. He will need Norco 10/325 180 tabs, Soma (180 tabs), Kaflex 500 QID (20 tabs), Colasc 100 BID (10 tabs). Will f/u in 1 wk for post op visit." MTUS guidelines define Soma (Carisoprodol) as a muscle relaxer that works by blocking pain sensations between the nerves and the brain. MTUS page 29 states for Carisoprodol (Soma), "Not recommended. This medication is not indicated for long-term use." MTUS guidelines pages 63-66 state, "Muscle relaxants (for pain) Carisoprodol (Soma), neither of these formulations is recommended for longer than a 2 to 3 week period. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation." In this case, the MTUS guidelines do not recommend the usage of Soma longer than 2-3 weeks and the current request is not prescribed for short-term usage. The current request is not medically necessary.