

Case Number:	CM15-0134100		
Date Assigned:	07/22/2015	Date of Injury:	10/05/2012
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

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

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 53 year old female sustained an industrial injury to the left shoulder and wrist on 10-5-12. The injured worker underwent left carpal tunnel release on 1-14-15. In a PR-2 dated 6-12-15, the injured worker reported that her left hand pain, numbness and weakness continued to improve following carpal tunnel release. The injured worker complained of ongoing pain and weakness to the left shoulder. Physical exam was remarkable for minimal swelling to the left wrist with decreased tenderness to palpation and negative provocative testing. Left shoulder exam showed modest tenderness to palpation to the sub deltoid bursa and bicipital groove as well as tenderness to palpation to the left trapezius with hypertonia, positive impingement sign and weakness in the supraspinatus plane of motion. Current diagnoses included left shoulder impingement syndrome with probable rotator cuff tear, history of left carpal tunnel syndrome and status post left carpal tunnel release. The physician noted that the injured worker took Tylenol #3 due to current pain that exceeded moderate level. The physician stated that the injured worker had enhanced function and achieved activities of daily living while on medications. The treatment plan included an orthopedic surgical consultation for the left shoulder, continuing home exercise and medications (Voltaren ER, Tylenol #3 and Soma).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Tylenol #3 300/30mg #60 (DOS 6/12/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in October 2012 and is being treated for left shoulder pain and left hand pain, numbness, and weakness. When seen, there had been improvement in left hand symptoms after a carpal tunnel release. Physical examination findings included shoulder and left trapezius tenderness with positive shoulder impingement testing. There was left shoulder weakness. There was minimal left wrist swelling. Medications were prescribed. Tylenol #3 and Soma had been prescribed in May 2015. Soma was being prescribed for muscle spasms and sleep. Prior medications had also included Norco and Ultram. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p29.

Decision rationale: The claimant sustained a work-related injury in October 2012 and is being treated for left shoulder pain and left hand pain, numbness, and weakness. When seen, there had been improvement in left hand symptoms after a carpal tunnel release. Physical examination findings included shoulder and left trapezius tenderness with positive shoulder impingement testing. There was left shoulder weakness. There was minimal left wrist swelling. Medications were prescribed. Tylenol #3 and Soma had been prescribed in May 2015. Soma was being prescribed for muscle spasms and sleep. Prior medications had also included Norco and Ultram. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the [REDACTED] placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.