

Case Number:	CM15-0142081		
Date Assigned:	07/31/2015	Date of Injury:	11/08/2005
Decision Date:	08/28/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 64 year old male who sustained an industrial injury on 11/08/2005. He reported left shoulder pain. The injured worker was diagnosed as having left shoulder-arm: Subacromial Impingement Syndrome. Treatment to date has included medications. X-rays have shown moderate degenerative joint disease with osteoarthritis. Currently, the injured worker complains of pain in the left shoulder. On exam, there was tenderness at the anterior subacromial space and the posterior subacromial space. There was no crepitis or deformity. Forward flexion was 40 degrees, abduction was 30 degrees, and range of motion is very limited due to pain and stiffness in the shoulder. There are multiple healed incisions present. The worker has been taking Soma, Norco, and Voltaren. There was documentation of discussion with the worker of his current medication intake. Documentation of the discussion about his medications is limited to "they [current medications] provide him with relief". There is no documentation of the amount of relief he gets from the medication, the effect of medications on his activities of daily living, any adverse side effects, or adverse behavior. There is no rating of current pain, average pain, or pain between visits. The treatment plan is to continue his current medications. According to the chart notes of 06-24-2015, the worker has been declared permanent and stationary in the past. A request for authorization was made for the following: 1. Norco 10/325mg #180 with 3 refills; 2. Soma 350mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several years without consistent documentation of pain scores. There was no mention of Tylenol, NSAID, or weaning failure. The continued and chronic use of Norco with 3 additional refills is not medically necessary.

Soma 350mg #90 with 3 refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential. The use of SOMA with 3 refills is not medically necessary.