

Case Number:	CM15-0184114		
Date Assigned:	10/15/2015	Date of Injury:	12/19/2005
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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:

The injured worker is a 62 year old male, who sustained an industrial-work injury on 12-19-05. He reported initial complaints of right shoulder pain. The injured worker was diagnosed as having right shoulder distal clavicle (acromioclavicular joint derangement), biceps tendinosis, and coracoid impingement syndrome. Treatment to date has included medication, surgery (cervical fusion in 2013, carpal tunnel, bilateral ulnar nerve release, and arthroplasty and debridement on 5-25-15), and physical therapy. MRI results were reported to demonstrate hypertrophic acromioclavicular joint with T2 changes in the joint and a hypertrophic coracoid with impingement on the lesser tuberosity. Currently, the injured worker complains of shoulder pain rated 4 out of 10 at worst and current 2 out of 10. There was improved AROM (active range of motion), stability, and strength secondary to physical therapy protocol and home exercise program (HEP). Lyrica has been prescribed since at least 2008. Per the primary physician's progress report (PR-2) on 6-29-15, exam noted mild restriction to the shoulder external and internal rotators. Current plan of care includes arthroscopy, distal clavicle excision, and subcoracoid decompression. The Request for Authorization requested service to include Retro Lyrica 75mg #420 (7 medications), DOS: 10/24/14-7/30/15 and Retro Carisoprodol 350mg #630 (7 medications), DOS: 11/12/14-7/30/15. The Utilization Review on 9-9-15 denied the request for Retro Lyrica 75mg #420 (7 medications), DOS: 10/24/14-7/30/15 and Retro Carisoprodol 350mg #630 (7 medications), DOS: 11/12/14-7/30/15, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lyrica 75mg #420 (7 medications), DOS: 10/24/14-7/30/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant has a remote history of a work injury occurring in December 2005. He underwent a cervical spine fusion in 2013 and has a history of bilateral ulnar nerve and carpal tunnel release surgeries. He underwent a right shoulder arthroscopic subacromial decompression with labral repair on 05/25/15. Prior to surgery in April 2015 he was taking Lyrica and Soma for his left shoulder. He was having aching pain over the top of his shoulder and difficulty sleeping. Physical examination findings included acromioclavicular joint tenderness and pain with cross body abduction. Impingement testing was positive. Lyrica and Soma were refilled. Retrospective authorization for seven month's prescribing of these medications is being requested. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant is reported to have been taking this medication for aching shoulder pain. He does not have a diagnosis of neuropathic pain. Lyrica is not considered medically necessary.

Retro Carisoprodol 350mg #630 (7 medications), DOS: 11/12/14-7/30/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury occurring in December 2005. He underwent a cervical spine fusion in 2013 and has a history of bilateral ulnar nerve and carpal tunnel release surgeries. He underwent a right shoulder arthroscopic subacromial decompression with labral repair on 05/25/15. Prior to surgery in April 2015, he was taking Lyrica and Soma for his left shoulder. He was having aching pain over the top of his shoulder and difficulty sleeping. Physical examination findings included acromioclavicular joint tenderness and pain with cross body abduction. Impingement testing was positive. Lyrica and Soma were refilled. Retrospective authorization for seven month's prescribing of these medications is being requested. 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 Drug Enforcement Administration 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. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.