

Case Number:	CM15-0189238		
Date Assigned:	10/01/2015	Date of Injury:	01/14/2010
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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 is a 53 year old male who sustained an industrial injury 01-14-10. A review of the medical records reveals the injured worker is undergoing treatment for an injury to the right shoulder, cervical radiculopathy, and right carpal tunnel syndrome. Medical records (07-30-15) reveal the injured worker complains of severe pain in the right shoulder blade that increases with any type of activity. The physical exam (07-30-15) reveals the injured worker has sensory loss in the right second, third, fourth, and fifth fingers; no biceps reflex and a reduction of the right brachioradialis reflex. The injured worker can raise his right arm to 160 degrees. There is a clicking noise present in the right shoulder joint when the right arm is raised, as well as moderate muscle spam in the right trapezius muscle. Prior treatment includes medications including Norco, Soma, and Naproxyn; exercises, cervical fusion, right shoulder surgery, right shoulder injections, and therapy. The treating provider reports the MRI of the right shoulder (04-02-14) is consistent with tendinitis of the supraspinatus tendon as well as tenosynovitis of the long head of the biceps tendon, with a mild subacromial bursitis with a small amount of joint effusion. The original utilization review (10-15-15) noncertified the request for an orthopedic referral for a second opinion regarding the right shoulder, Norco 10/325 #120 and Soma 350mg #120 filled on 07-30-15. The documentation supports that an orthopedic specialist saw the injured worker as a second opinion appointment on 05-28-15. The documentation supports that the injured worker has been on Norco and Soma since at least 01-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic specialist for evaluation of right shoulder for second opinion-one time: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant was noted to have trapezial spasms when examined by a neurosurgeon. The notes indicated conservative management from the prior orthopedic surgeon. MRI 1 yrs ago indicated tendonitis of the shoulder. The request for the 2nd opinion is not indicated since there is no indication for surgery. Although the request had been made for several months, there was no indication why the claimant was unable to be reassessed by the claimant's original surgeon. The request is not medically necessary.

Norco 10/325mg #120 (prescribed 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): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

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, and chronic back 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 months without note of pain scores. In addition, there were inconsistent urine drug screens. There was no mention of Tylenol, Tricyclic

or weaning failure. The continued use of Norco is not medically necessary.

Soma 350mg #120 (prescribed 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): Carisoprodol (Soma).

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 Norco which increases side effect risks and abuse potential. The use of SOMA is not medically necessary.