

Case Number:	CM15-0194180		
Date Assigned:	10/08/2015	Date of Injury:	07/16/1998
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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

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 57 year old female, who sustained an industrial injury on 7-16-98. The injured worker has complaints of chronic right shoulder pain with decreased sensation. The diagnoses have included pain in joint in shoulder and pulmonary embolism. Treatment to date has included physical therapy; soma; Oxycodone-acetaminophen; Lovenox and left shoulder arthroscopic on 8-22-12. Right shoulder magnetic resonance imaging (MRI) on 8-27-15 revealed moderately advanced supraspinatus tendinosis with partial-thickness interstitial tears; however, no full thickness cuff defects noted; associated mild reactive subacromial and subdeltoid bursal inflammation; mild and moderate biceps tendinosis in the pulley region; degenerative labral wear; mild narrowing of the subacromial outlet that may contribute to dynamic impingement of the cuff and mild glenohumeral synovitis with findings suggesting probable mild axillary capsulitis. The original utilization review (9-25-15) non-certified the request for soma 350mg quantity 270 and Oxycodone-acetaminophen 10-325mg quantity 360. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment, Knee and Leg, Acute and Chronic.

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

Decision rationale: The 57 year old patient presents with right shoulder pain and degenerative joint disease, bilateral glaucoma (other diagnoses are illegible), as per progress report dated 09/04/15. The request is for SOMA 350mg QUANTITY 270. There is no RFA for this case, and the patient's date of injury is 07/16/98. Medications, as per progress report dated 09/04/15, included Soma, Oxycodone and Lovenox. Diagnoses, as per progress report dated 07/10/15, included bilateral knee pain, bilateral shoulder pain, low back pain with sciatica, pulmonary embolism (other diagnoses illegible). The patient is status post left shoulder surgery, and has also been diagnosed with cervical contusion, as per progress report dated 05/27/15. MRI of the right shoulder, dated 8-27-15, revealed moderately advanced supraspinatus tendinosis with partial- thickness interstitial tears; mild and moderate biceps tendinosis in the pulley region; degenerative labral tear; mild narrowing of the subacromial outlet that may contribute to dynamic impingement of the cuff; and mild glenohumeral synovitis with findings suggesting probable mild axillary capsulitis. The progress reports do not document the patient's work status. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350?, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, progress report are handwritten and difficult to decipher. A prescription for Soma is first noted in progress report dated 04/06/15. The patient appears to be taking the medication consistently at least since then. The treater, however, does not document the efficacy of Soma in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request for # 270 is excessive and IS NOT medically necessary.

Oxycodone/Acetaminophen 10/325mg quantity 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment, Knee and Leg, Acute and Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 57 year old patient presents with right shoulder pain and degenerative joint disease, bilateral glaucoma (other diagnoses are illegible), as per progress report dated 09/04/15. The request is for OXYCODONE/ACETAMINOPHEN 10/325mg QUANTITY 360. There is no RFA for this case, and the patient's date of injury is 07/16/98. Medications, as per progress report dated 09/04/15, included Soma, Oxycodone and Lovenox. Diagnoses, as per progress report dated 07/10/15, included bilateral knee pain, bilateral shoulder pain, low back pain with sciatica, pulmonary embolism (other diagnoses illegible). The patient is status post left shoulder surgery, and has also been diagnosed with cervical contusion, as per progress report dated 05/27/15. MRI of the right shoulder, dated 8-27-15, revealed moderately advanced supraspinatus tendinosis with partial-thickness interstitial tears; mild and moderate biceps tendinosis in the pulley region; degenerative labral tear; mild narrowing of the subacromial outlet that may contribute to dynamic impingement of the cuff; and mild glenohumeral synovitis with findings suggesting probable mild axillary capsulitis. The progress reports do not document the patient's work status. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, a prescription for Oxycodone-acetaminophen is first noted in progress report dated 04/06/15. The patient appears to be taking the medication consistently at least since then. Prior reports document the use of Norco and Tramadol. It is not clear when opioid therapy was initiated. None of the recent reports, however, document the efficacy of the medication. There is no documentation of change in pain scale indicating before and after analgesia due to opioid use. There is no discussion regarding the medication's impact on the patient's ability to perform activities of daily living as well. MTUS states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS and CURES reports available for review to address aberrant behavior, nor discussion regarding adverse effects of Norco. In this case, treater has not addressed the 4A's to warrant continued use of this medication. Hence, the request IS NOT medically necessary.