MAXIMUS Federal Services

Case Number:	CM15-0020662		
Date Assigned:	02/10/2015	Date of Injury:	12/19/2005
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, New York
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 62-year-old male, with a reported date of injury of 12/19/2005. The diagnoses include right shoulder acromioclavicular (AC) joint derangement. Treatments have included two injections, twelve physical therapy sessions, and oral medications. The progress report dated 01/07/2015 indicates that the injured worker complained of bilateral shoulder pain. He stated that he had difficulty with his activities of daily living, pain at night, and pain with cross-body adduction. The injured worker rated his pain 5-6 out of 10. The physical examination showed tenderness over the AC joint, pain with cross-body adduction, positive impingement signs, and non-tender biceps. The treating physician refilled the injured worker's prescription for Lyrica 75mg #60 and Soma 350mg #90. The rationale for the request was not indicated. On 01/27/2015, Utilization Review (UR) denied the retrospective request for Lyrica 75mg #60 (date of service: 01/07/2015) and Soma 350mg #90 (date of service: 01/07/2015), noting that there was no evidence of sustained relief from use of Lyrica; and Soma is not indicated the long-term use and the documentation provided does not support the continued use. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medication Refill: Lyrica 75mg #60 Between 1/7/2015 and 1/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs), Pregabalin (Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's) Page(s): 19-20.

Decision rationale: The request is considered not medically necessary. Lyrica is FDA approved for the treatment of diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. The patient was not diagnosed with any of these conditions. The patient did not have documented radiculopathy and was on this long-term without objective documentation of improvement in pain or functional capacity. Therefore, the request is considered not medically necessary.

1 Medication Refill: Soma 350mg #90 Between 1/7/2015 and 1/7/2015: 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) Page(s): 29.

Decision rationale: The request for Soma is not medically necessary. This centrally-acting muscle relaxant is not indicated for long-term use and the patient has been on it for several years. There is no objective documentation of improvement in pain and function. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. Therefore, it is considered medically unnecessary.