

Case Number:	CM15-0023107		
Date Assigned:	02/12/2015	Date of Injury:	10/05/2012
Decision Date:	03/25/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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 53 year old female, who sustained an industrial injury on October 5, 2012. The injured worker reported a repetitive use injury to her left shoulder. The diagnoses have included left carpal tunnel syndrome, left shoulder impingement syndrome and rotator cuff tendinosis. Treatment to date has included physical therapy and medication. An MRI of the left shoulder revealed capsulitis and supraspinatus tear with arthrosis of the acromioclavicular joint. Currently, the injured worker complains of persistent shoulder discomfort, weakness and stiffness as well as left hand and wrist pain with associated numbness and tingling. On examination, the injured worker had modest tenderness to the left shoulder and moderate tenderness and hypertonia to the left trapezius. A left shoulder impingement sign was positive and she had weakness in the supraspinatus range of motion. She had focal tenderness over the left carpal tunnel with a positive Tinel and Phalen sign. On January 29, 2015, Utilization Review non-certified a request for Percocet 5/325 mg #70 and Soma 350 mg #30, noting that the documentation indicated that the injured worker continued with considerable symptoms and there was no documentation of function improvement relating to the long term use of Percocet and the guidelines do not recommend the long-term use of Soma. The California Medical Treatment Utilization Schedule was cited. On February 6, 2015, the injured worker submitted an application for IMR for review of Percocet 5/325 mg #70 and Soma 350 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #70: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (Oxycodone & Acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing,.

Decision rationale: The claimant is more than two years status post work-related injury and has rotator cuff impingement and carpal tunnel syndrome. Medications include Percocet and Soma being prescribed on a long-term basis. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.

Soma 350mg #30: 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), p29 Page(s): 29.

Decision rationale: The claimant is more than two years status post work-related injury and has rotator cuff impingement and carpal tunnel syndrome. Medications include Percocet and Soma being prescribed on a long-term basis. 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. Prescribing Soma was not medically necessary.