

Case Number:	CM15-0217538		
Date Assigned:	11/09/2015	Date of Injury:	08/20/2012
Decision Date:	12/24/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/04/2015

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: 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 36 year old male who sustained an industrial injury on August 20, 2012. The worker is being treated for: status post right shoulder arthroscopic decompression July 2013, rule out RC pathology, right and left median nerve neuropathy (incidentally noted per EMG). Subjective: March 09, 2015 he reported complaint of right shoulder, thoracic pains. He rated the pain a "7" intensity out of 10. June 01, 2015 he reported complaint of, expressing concern as he is with decline in ROM and functioning involving the right shoulder, along with thoracic pain. Objective: March 09, 2015, May 04, 2015, June 01, 2015 orthopedic follow up noted tenderness of the right shoulder, incision well healed, benign and ROM remains limited. There is noted diminished sensation right side greater at T8 through T10 dermatomal distributions. April 07, 2015 noted right shoulder abduction and forward flexion both at 90 degrees, external rotation is noted at 70 degrees and there is thoracic spine diffuse tenderness in the midthoracic area. Diagnostic: February 28, 2015 MRI thoracic spine, March 05, 2015 MRI right shoulder arthrogram, UDS March 09, 2015. Medication: March 09, 2015, May 2015: Hydrocodone 10mg BID. September 28, 2015: prescribed Hydrocodone, Soma. Treatment: March 09, 2015 noted continued with request for PT thoracic spine 12 sessions pending authorization, medication, activity modification, June 01, 2015 noted "failed PT, injection, sling, ice, and NSAID." There is noted request for extracorporeal shockwave therapy. September 01, 2015 noted shockwave therapy denied and request for trial of acupuncture and relook arthroscopic surgery with lysis of adhesions of right shoulder. September 22, 2015 noted RFA including postoperative

medications Norco, Tramadol, Anaprox, and Keflex. On October 22, 2015 a request was made for Soma 350mg #30 that was noncertified by Utilization Review on October 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: 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): Muscle relaxants (for pain).

Decision rationale: This patient receives treatment for chronic pain involving the right shoulder and thoracic region. The patient has a history of an industrial injury claim dated 08/20/2012. The patient has had right shoulder decompression arthroscopic surgery in 07/2013. The patient has become opioid dependent and takes Norco (containing 10 mg of hydrocodone each pill) and tramadol. Other medications include naproxen and Soma, which is the subject of this review. On exam there is decreased ROM of the right shoulder and tenderness to palpation near the thoracic spine. Other treatments include physical therapy, wearing a sling, and ice. Soma is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using Soma over the long-term (more than 2-3 weeks) is not recommended. Soma is metabolized by the body into meprobamate, a schedule IV controlled substance. Side effects include sedation and medication dependence. Based on the documentation and the hazards of chronic ingestion of Soma, Soma is not medically necessary.