

Case Number:	CM15-0054040		
Date Assigned:	03/27/2015	Date of Injury:	02/12/1999
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 45-year-old female, who sustained an industrial injury on 02/12/1999. Initial complaints/symptoms reported included left shoulder and arm pain/injury. The injured worker was diagnosed as having left torn rotator cuff. The initial diagnoses were not found in the medical records submitted. Treatment to date has included conservative care, medications, x-rays and MRIs of the left shoulder and arm, multiple surgeries to the left shoulder (most recent surgery dated 02/11/2015), spinal cord stimulator placement with revision, and conservative therapies. Currently, the injured worker reported improved cervical pain, left shoulder pain and left arm pain. The injured worker reported that the new placement of spinal cord stimulator lead has helped with the neck, bilateral shoulder and upper extremity pain. She also reported that her medications were helping to relieve pain and allowing improved ability to complete activities of daily living, improved mobility, and restful sleep. Diagnoses include chronic bilateral shoulder pain due to previous rotator cuff injuries and neuropathic pain syndrome, brachial plexopathy, upper extremity cubital tunnel syndrome, carpal tunnel syndrome, and implanted cervical spinal cord stimulator leads with left upper buttocks IPG implant. The treatment plan consisted of continued medications (Soma, alprazolam, Norco, Neurontin and omeprazole), routine drug screening, request for medical records, reports and diagnostic studies, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 63-66.

Decision rationale: The patient presents with left shoulder and arm pain/injury. The current request is for Soma 350mg, #60. The treating physician states, in a report dated 12/04/2014, "In the course of treatment (and, actually, in the first six months of the program). The patient was able to discontinue Cymbalta, Soma, and Savella. Soma has re-entered the picture recently." (108B) The MTUS guidelines state, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, the treating physician has documented use of Soma since at least December of 2014, with no medical necessity stated, in the documents available for review. Since this medication is being used long past the recommended 2 to 3 week period recommended by MTUS, the current request is not medically necessary and the recommendation is for denial.

Alprazolam 0.5mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with left shoulder and arm pain/injury. The current request is for Alprazolam 0.5mg #45. The treating physician states, in a report dated 01/06/15, "Her medications are stable, but not yet appropriate to wean down. She is to continue on the same medications, with "alprazolam at 1 to 2 times per day." (54B) The MTUS Guidelines do not recommend benzodiazepines for longer than 4 weeks. The treating physician has prescribed benzodiazepines on an ongoing basis, there has been no documentation of the patient's response to the medication as required in MTUS page 8, and there is no medical rationale provided as to why the patient requires this medication beyond the MTUS recommendation. The current request is not medically necessary and the recommendation is for denial.