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| <b>Case Number:</b>   | CM15-0059401 |                              |            |
| <b>Date Assigned:</b> | 04/03/2015   | <b>Date of Injury:</b>       | 10/20/2010 |
| <b>Decision Date:</b> | 05/28/2015   | <b>UR Denial Date:</b>       | 03/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/30/2015 |

### 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, Arizona  
 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 35 year old female who sustained a work related injury October 20, 2010. An MRI of the right shoulder dated September 24, 2014 (report in medical record), reveals mild partial tear/tendinosis involving the distal supraspinatus and infraspinatus tendons; laterally downsloping acromion and hypertrophic changes which can predispose to the clinical findings of impingement and subcortical cysts within the humeral head. According to a primary treating physician's progress report, dated January 19, 2015, the injured worker presented with persistent cervical, right shoulder and wrist pain and documented as about the same. The handwritten objective findings are not legible to this reviewer. Diagnoses are documented as cervical radiculitis; right shoulder impingement syndrome; bicipital tendonitis; rotator cuff syndrome; rule out carpal tunnel syndrome; overuse syndrome; and headache. No specific treatment plan was ordered, return appointment in 45 days. The issues at dispute includes medications; Arthrotec, Soma, and Tramadol, and ultrasound of the brachial plexus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of the brachial plexus:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Arteria ultrasound TOS testing.

**Decision rationale:** According to the Official Disability Guidelines, clinical tests for vascular thoracic outlet syndrome generally incorporate shoulder horizontal flexion/extension, abduction, and external rotation. The effect of these clinical tests on blood flow characteristics and the most effective arm position for detecting arterial compromise are, however, unknown. The use of arterial ultrasound TOS testing is not recommended. Given the above, this request is not medically necessary.

**Arthrotec 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to the California MTUS Guidelines, patients over the age of 65, patients with a history of peptic ulcer, GI bleeding or perforation, or concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or have a history of high dose/multiple NSAIDs may be at risk for gastrointestinal events. Patients at intermediate risk for gastrointestinal events and no cardiovascular risk may use a proton pump inhibitor with an NSAID to prevent GI symptoms. The clinical documentation shows no indication that the injured worker is at increased risk for gastrointestinal events. Given the above, this request is not medically necessary.

**Tramadol 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** According to the California MTUS Guidelines, tramadol is an opioid analgesic which has been suggested as a second line treatment for chronic pain. The clinical documentation shows no indication as to the failure of first line treatments, or that first line treatments cannot be tolerated by the injured worker. Given the above, this request is not 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) Page(s): 29.

**Decision rationale:** According to the California MTUS Guidelines, Soma is not recommended. In addition, this medication is not indicated for long term use. 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. Given that the California MTUS Guidelines do not recommend the use of Soma, this request is not medically necessary.