

Case Number:	CM14-0118806		
Date Assigned:	08/06/2014	Date of Injury:	02/17/2013
Decision Date:	10/16/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 24 year old male injured on 02/17/13 when carrying an iron down a ladder and heard a pop in the right shoulder. The injured worker underwent left shoulder decompression/debridement with labral and rotator cuff repair on 05/16/13 followed by physical therapy two times a week for six weeks to the left shoulder post-operatively. Clinical note dated 06/11/14 indicated the injured worker presented complaining of pain to the left side with radiation to the right rated 3-4/10 with Butrans patch 10mcg/hour. The injured worker reported ability to work various hours with restrictions, complete activities of daily living, and socialize with the use of medications. Without medications the injured worker rated pain 8-9/10, limited function, and increased stiffness. The injured worker utilized Soma to control spasms. The injured worker completed physical therapy in two sessions following office visit. Physical examination revealed functional strength and range of motion in the right upper extremity, left shoulder limited 95% range of motion, strength 4/5 on the left, 5/5 on the right, non-tenderness to palpation in the left shoulder, scapular myofascial tissue, and negative for popping or crepitus. Diagnoses included left shoulder pain, labral tear, and rotator cuff tendinitis. Treatment plan included Butrans 10mcg/hour #4 one patch every seven days, continue Soma 350mg #60 one tablet every 12 hours, and wear shorts to work to control body temperature. The initial request for Soma, Motrin, and urine drug screen was non-certified on 07/15/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for Soma 350mg, #30 cannot be recommended as medically necessary.

Motrin 800mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available over-the-counter formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Motrin 800mg, #60 cannot be established as medically necessary.

Urine drug screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six

months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. There is no indication in the documentation that the injured worker is at moderate to high risk for aberrant behavior. As such, the request for Urine drug screening cannot be recommended as medically necessary.