

Case Number:	CM14-0156369		
Date Assigned:	09/25/2014	Date of Injury:	08/27/2009
Decision Date:	10/27/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/24/2014

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 Family Medicine and is licensed to practice in Ohio. 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 67-year-old female with a date of injury of August 27, 2009. She injured her neck and right shoulder while carrying a heavy pot of spaghetti. Her diagnoses include cervical disc syndrome with radiculopathy, internal derangement right shoulder, brachial neuritis, and NSAID induced gastritis. She had major surgery to the right shoulder in 2010 to include an AC arthrotomy, acromioplasty, and rotator cuff repair. A repeat MRI of the right shoulder from July 2014 reveals a full thickness rotator cuff tear and superior displacement of the humeral head. She has been taking Norco 10/325 mg and Soma 350 mg 3 times daily for at least the last 6 months. There's been no change in her overall medical status and she continues to have 8/10 pain in the neck, shoulder, and right upper extremity. Her exam reveals diminished cervical range of motion, diminished right shoulder range of motion, tenderness to palpation of the right shoulder and paraspinal musculature of the cervical spine, right shoulder girdle weakness and a positive Spurling's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY:90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone / Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: For opioid therapy, the above cited guidelines call for ongoing assessment of analgesia, adverse reactions, functionality, and any aberrant drug taking behavior. For those with chronic pain that have been on a stable dose of opioids it is suggested that opioids be discontinued if there is no improvement in pain and functionality. In this instance, there clearly has been no improvement in either over a long period of time. Therefore, Norco 10/325mg QTY: 90.00 are no longer medically necessary. The treating physician should consult appropriate weaning guidelines.

Soma 350mg QTY:90.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Soma

Decision rationale: Soma is not recommended for chronic pain. 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. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a Schedule-IV controlled substance). As of January 2012, carisoprodol is scheduled by the DEA as a Schedule IV medication. (DEA, 2012) It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Therefore, because the injured worker has been taking this medication for at least 6 months, Soma 350mg QTY: 90.00 are no longer medically necessary. Tapering is generally recommended although there is no standardized protocol.