

Case Number:	CM14-0210290		
Date Assigned:	12/23/2014	Date of Injury:	03/07/2008
Decision Date:	03/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 37 year-old male with date of injury 03/07/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/15/2007, lists subjective complaints as pain in the right shoulder. Objective findings: Examination of the right shoulder revealed tenderness to palpation along the periscapular region. Shoulder range of motion was 160 degrees for forward flexion and abduction with some mild end-range pain. Strength testing was within normal limits. Neurovascular exam was intact. Diagnosis: 1. Rotator cuff tendinitis 2. Impingement with SLAP lesion 3. Status post labral repair, open decompression, rotator cuff repair, and synovectomy. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Medication: 1. Celebrex 200mg, #30 SIG: 1 tab QD 2. Lunesta 3mg, #15 SIG: 1 tab QHS 3. Soma 350mg, #60 SIG: 1 tab Q12H.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg/tab; 1 tab QD #30 Ref: 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Celebrex 200mg/tab; 1 tab QD #30 Ref: 5 is not medically necessary.

Lunesta 3mg/tab; 1 tab QHS #15 Ref: 3: Upheld

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

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

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. Lunesta 3mg/tab; 1 tab QHS #15 Ref: 3 is not medically necessary.

Soma 350mg/tab; 1 tab Q12hrs #60 Ref: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg/tab; 1 tab Q12hrs #60 Ref: 3 is not medically necessary.