MAXIMUS Federal Services

Case Number:	CM15-0014481		
Date Assigned:	02/03/2015	Date of Injury:	05/12/2007
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/26/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 65 year old female who sustained an industrial injury on 5/12/07. The injured worker reported symptoms in the upper extremities. The diagnoses included superior labrum anterior to posterior tear left shoulder, right shoulder post-surgical x 2, bilateral shoulder pain, right being greater than left. Treatments to date include oral pain medications, status post right shoulder arthroscopy. In a progress note dated 11/17/14 the treating provider reports the injured worker was with "decrease active range of motion of bilateral upper extremities in all planes."On 1/7/15 Utilization Review non-certified the request for Soma 350 milligrams #60, Xanax 0.25 milligrams #90, Norco 10/325 milligrams #120. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Soma 350mg #60 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs.The documentation indicates that the patient has been on Soma long term (since at least August of 2014) which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma 350mg is not medically necessary.

Xanax 0.25mg # 90: Upheld

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

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

Decision rationale: Xanax 0.25mg # 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant.. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Xanax longer than the recommended 4 week period (dating back to July of 2014). The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations. The request for Xanax is not medically necessary.

Norco 10/3325mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/3325mg # 120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines.The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The treating physician is prescribing opioids without clear evidence of the considerations and expectations

found in the MTUS and similar guidelines. Prescribing of opioids for chronic pain without a very specific treatment plan based on functional improvement predictably results in patients with sustained poor function, high pain levels, dependency on opioids, and significant opioid side effects. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement or improvement in pain therefore the request for Norco 10/3325mg # 120 is not medically necessary.