

Case Number:	CM15-0111637		
Date Assigned:	06/18/2015	Date of Injury:	11/02/2013
Decision Date:	07/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/09/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 56-year-old female, with a reported date of injury of 11/02/2013. The diagnoses include status post left shoulder surgery and left hand pain. Treatments to date have included an MRI of the left shoulder on 12/05/2014, which showed glenohumeral osteoarthritis with chondromalacia, acromioclavicular osteoarthritis, supraspinatus tendinosis, and infra-spinatus tendinosis; and oral medications. The initial evaluation report dated 12/03/2014 indicates that the injured worker complained of left shoulder pain with radiation to the cervical spine with associated numbness, tingling, and weakness in the left arm and hand. The pain was rated 6 out of 10. She also complained of left wrist and hand pain, which was rated 8 out of 10. An examination of the left shoulder showed positive impingement sign, supraspinatus press test, and Apley's test; tenderness to palpation; ongoing pain and decreased range of motion; radiating pain from the shoulder to the left hand with associated weakness in the left hand; decreased range of motion due to pain. An examination of the left wrist/hand showed decreased range of motion due to pain; and decreased grip strength test. The injured worker was able to return to her modified work duties with restrictions. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Soma 350mg #120 and Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

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

Decision rationale: CA MTUS states that Soma is not recommended for longer than a 2-3 week period. Soma is not recommended for long-term use. In this case, the drug is being prescribed for long-term use. There is also no documentation of increased function or decreased pain relief with the use of Soma. This drug was approved before the FDA required clinical studies to prove safety and efficacy. Therefore, the request for Soma is deemed not medically necessary or appropriate.

Norco 5/325mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 94-95.

Decision rationale: CA MTUS states that opioids have been suggested for neuropathic pain that has not responded to first-line agents (antidepressants, anticonvulsants). There are no trials of long-term use. In this case, there is a lack of documentation of increased function or decreased pain relief with the use of Norco. In addition, there is no urine drug screen to determine if aberrant behavior exists. Therefore, the request for ongoing use of Norco is deemed not medically necessary or appropriate.