

Case Number:	CM15-0115070		
Date Assigned:	06/23/2015	Date of Injury:	08/10/2012
Decision Date:	07/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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

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:

The injured worker is a 48 year old female, who sustained an industrial injury on August 10, 2012. She reported severe left shoulder pain following a twisting injury to the left shoulder. The injured worker was diagnosed as having a partial-thickness left rotator cuff tear; status post subacromial decompression, a left shoulder superior labral from anterior to posterior lesion; status post repair, left shoulder biceps tendinitis; status post tenodesis, and left acromioclavicular joint arthritis; status post excision of distal clavicle. On September 14, 2012, and MRI of the right shoulder revealed tendinosis in the area of the greater tuberosity in the subscapularis tendon and a possible superior labral from anterior to posterior lesion. There was no clear evidence of a rotator cuff tear. On February 2, 2015, a CT arthrogram of the right shoulder revealed an extremely small shallow area of irregularity at the anterior distal leading edge supraspinatus tendon, no destabilizing cuff tear, a deficient posterosuperior labrum, and early acromioclavicular arthrosis. On April 27, 2015, the injured worker was seen status post left shoulder arthroscopy, subacromial decompression, superior labral tear from anterior to posterior repair, excision of distal clavicle, and left open biceps tenodesis performed on April 17, 2015. The physical exam revealed well-healing wounds. Steristrips were applied after the sutures were removed. Left shoulder x-rays revealed adequate subacromial decompression and excision of the distal clavicle. The treatment plan included pendulum exercises, continued sling immobilization, and postoperative physical therapy. Work status was temporarily totally disabled. Requested treatments include: Soma and Clonidine. The California Medical Treatment

Utilization Schedule (MTUS) guidelines do not recommend the use of the antispasmodic/muscle relaxant Soma for more than a 2 to 3 week period. Because withdrawal symptoms may occur with abrupt discontinuation, tapering of the medication is recommended. The ACOEM (American College of Occupational and Environmental Medicine) guidelines note that the use of muscle relaxants has been shown to be useful as antispasmodics, but seem no more effective than non-steroidal anti-inflammatory drugs. The use of muscle relaxants with non-steroidal anti-inflammatory drugs has no demonstrated benefit. There was a lack of documentation to support the use Soma in decreasing intensity of spasms for this injured worker. According to the Official Disability Guidelines (ODG) guidelines for opioid weaning, "anti-withdrawal agents can be used for brief periods and in tapering doses, to facilitate entry into drug-free or antagonist treatment". Clonidine can be used as an off-label treatment (non- Food and Drug Administration) for relieving many opioid withdrawal symptoms. The use of Clonidine for the treatment of essential hypertension is recommended by the Food and Drug (FDA) use. There was no documentation to support that the injured worker was being treated for either essential hypertension or opioid withdrawal. Therefore, the request for Soma and Clonidine are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Section Weaning of Medications Section Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The injured worker has been utilizing Soma since January, 2015 for chronic pain. The chronic use of Soma is not recommended. The request for Soma 350mg #150 is not medically necessary.

Clonidine 0.1mg #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, Online Edition, Chapter: Pain (Chronic), Weaning, opioids (specific guidelines) and <http://www.pdr.net/drug-summary/catapres?druglabelid=1744> - Catapres (clonidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine Intrathecal Section Page(s): 34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Clonidine Intrathecal.

Decision rationale: Per MTUS guidelines Clonidine is recommended only after a short-term trial indicates pain relief in patient's refractory to opioid monotherapy or opioids with local anesthetic. There is little evidence that this medication provides long-term pain relief. ODG states that there is no recommendation for its use as there is little evidence that this medication provides long-term pain relief (when used in combination with opioids approximately 80% of patients had < 24 months of pain relief) and no studies have investigated the neuromuscular, vascular or cardiovascular physiologic changes that can occur over long period of administration. Side effects include hypotension, and the medication should not be stopped abruptly due to the risk of rebound hypertension. The medication is FDA approved with an orphan drug intrathecal indication for cancer pain only. Clonidine is thought to act synergistically with opioids. There is no rationale in the available documentation for the use of this medication and there is no indication that the injured worker has hypertension. As the request for Soma is not supported, this request for clonidine to be in conjunction with Soma is also not supported. The request for Clonidine 0.1mg #60 is not medically necessary.