

Case Number:	CM15-0066479		
Date Assigned:	04/14/2015	Date of Injury:	11/08/2002
Decision Date:	05/15/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/08/2015

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: Texas, Illinois

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 44 year old female who sustained an industrial injury on 11/8/02. The injured worker reported symptoms in the neck and shoulder. The injured worker was diagnosed as having rotator cuff syndrome and myofascial pain. Treatments to date have included oral pain medication and injections. Currently, the injured worker complains of pain and muscle spasms in the neck and shoulders with associated headaches. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 150 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 11/8/02. The medical records provided indicate the diagnosis of rotator cuff syndrome and myofascial pain. Treatments to date have included oral pain medication and injections. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg, 150 count. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate her use of this medication predates 08/2014, but without overall improvement in pain and function; she is not working; she is not properly monitored for pain control, and activities of daily living. The request is not medically necessary.

Fiorcet 50/325/40 mg, thirty count with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Barbiturate-containing analgesic agents (BCAs)).

Decision rationale: The injured worker sustained a work related injury on 11/8/02. The medical records provided indicate the diagnosis of rotator cuff syndrome and myofascial pain. Treatments to date have included oral pain medication and injections. The medical records provided for review do not indicate a medical necessity for Fiorcet 50/325/40 mg, thirty count with one refill. Fiorcet is a medication containing acetaminophen, butalbital, and caffeine. The MTUS is silent on it, but the Official Disability Guidelines states, it the barbiturates (like bubatal) are not recommended for chronic pain, due to the high potential for drug dependence. It is commonly used for acute headache. The records indicate the use of this medication predates 08/2014, but without improvement. The request is not medically necessary.

Soma 350 mg, ninety count with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The injured worker sustained a work related injury on 11/8/02. The medical records provided indicate the diagnosis of rotator cuff syndrome and myofascial pain. Treatments to date have included oral pain medication and injections. The medical records

provided for review do not indicate a medical necessity for Soma 350 mg, ninety count with one refill. Carisoprodol (Soma) is a muscle relaxant recommended for use no longer than a 2 to 3 week. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. The records indicate the medication is being used for the finger rather than back pain; it has been in use at least since 08/2014. The request is not medically necessary.