

Case Number:	CM15-0095726		
Date Assigned:	05/22/2015	Date of Injury:	07/22/1999
Decision Date:	06/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/18/2015

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: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on July 22, 1999. She reported a right shoulder injury. The injured worker was diagnosed as having chronic pain syndrome. Diagnostic studies to date have included an MRI and drug screening. Treatment to date has included physical therapy, psychotherapy, and medications including short-acting and long pain, muscle relaxant, antidepressant, and non-steroidal anti-inflammatory. On October 27, 2014, the injured worker complains of sharp and aching right shoulder pain, which is rated 8/10. Her pain has persisted following right shoulder surgery. Her medications allow her to function and complete her daily activities. The physical exam revealed decreased cervical and lumbar range of motion, tenderness to palpation of the right upper extremity, severely restricted right shoulder range of motion, and decreased muscle strength of the right upper extremity. There were decreased reflexes and intact sensation of the bilateral upper and lower extremities. The treatment plan includes continuing her Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg #210 dispensed on 10/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Hydrocodone/Acetaminophen, Weaning of Medications Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with right shoulder pain rated 8/10. The request is for RETROSPECTIVE REQUEST FOR NORCO 10/325MG #210 DISPENSED ON 10/27/14. The request for authorization is not provided. The patient is status-post right shoulder surgery, date unspecified. MRI of the right shoulder, date unspecified, shows mild degenerative changes involving GH joint with moderate changes of AC joint. Mild chronic rotator cuff tendinopathy. Physical examination of the right upper extremity reveals tenderness to palpation. Range of motion severely restricted in right shoulder. Patient has gone to group therapy, single therapy and physical therapy. Patient states medications allow her to function, complete daily activities. She denies medication side effects. No signs of aberrant behavior. Opioid contract reviewed. Patient's medications include Celexa, Mobic, Norco and Soma. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated 10/27/14, treater's reason for the request is "for pain and muscle spasms." The patient has been prescribed Norco since at least 07/07/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. There is an opioid contract, but no UDS or CURES report. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses some but not all of the 4A's as required by guidelines. Therefore, given the lack of documentation as required by MTUS, the request WAS NOT medically necessary.

Retrospective request for Soma 350mg #90 dispensed on 10/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with right shoulder pain rated 8/10. The request is for RETROSPECTIVE REQUEST FOR SOMA 350MG #90 DISPENSED ON 10/27/14. The request for authorization is not provided. The patient is status-post right shoulder surgery, date

unspecified. MRI of the right shoulder, date unspecified, shows mild degenerative changes involving GH joint with moderate changes of AC joint. Mild chronic rotator cuff tendinopathy. Physical examination of the right upper extremity reveals tenderness to palpation. Range of motion severely restricted in right shoulder. Patient has gone to group therapy, single therapy and physical therapy. Patient states medications allow her to function, complete daily activities. She denies medication side effects. No signs of aberrant behavior. Opioid contract reviewed. Patient's medications include Celexa, Mobic, Norco and Soma. The patient's work status is not provided. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per progress report dated 10/27/14, treater's reason for the request is "for pain and muscle spasms." MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient is prescribed Soma since at least 07/07/14. Furthermore, the request for additional Soma quantity 90 does not indicate intended short-term use of this medication. Therefore, the request WAS NOT medically necessary.