

<b>Case Number:</b>	CM15-0099143		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	08/10/2006
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 male, who sustained an industrial injury on 08/10/2006. According to a progress report dated 02/11/2015, the injured worker continued to have problems with sleeping on the right shoulder. He awakened with pain level rated 8 on a scale of 1-10. Medications reduced the symptoms to 5 allowing him to be functional. Examination of the right shoulder demonstrated anatomical alignment of the shoulder was well preserved. There was a scar starting from the pectoral area going all the way to the back side and was approximately 14 centimeters. There was tightness in the AC joint and subacromial space. Range of motion was normal. Impingement test was negative in the shoulder. There was negative Neer's and Hawkins test. Rotator cuff strength was equal in both arms at 5/5. Stress testing of the anterior and posterior capsular structures of the shoulder showed no evidence of shoulder instability. There was negative Sulcus sign and apprehension test. Assessment included status post right shoulder Mumford procedure (surgery) and anxiety/stress. The treatment plan included Norco, Soma and Ambien. Currently under review is the request for Soma and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg 1 tab PO q bedtime #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines soma Page(s): 29.

**Decision rationale:** MTUS guidelines do not support long term use of Soma. Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). The medical records provided for review do not indicate or document the degree of functional benefit in support of continued utilization. There is no indication of treatment failure with other standard therapy muscle relaxants or indication in regard to the insured to support mitigating reason soma should be used in the insured. The request is not medically necessary.

**Norco 10/325mg 1 tab PO q 6 hours #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Opioids, specific drug list.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, pain, opioids.

**Decision rationale:** ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported. The request is not medically necessary.