

Case Number:	CM13-0045486		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2012
Decision Date:	05/14/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32 year-old male who sustained an industrial injury on 6/20/12. He suffered the gradual evolution of neck and shoulder pains in the course of his usual and customary duties. The neck and shoulder areas were affected and pain persists in those locations Neck pains and headaches increasing in severity. He suffers from occipital and migraine headaches with photo and audio phobia. With neck, shoulder and upper back pain, subscapular/interscapular pains are noted, left >right. In the most recent medical report dated 10/08/13 [REDACTED] SOAP Notes; Subjective: Reports that both neck pain and headaches are increasing in frequency and severity. Partially relieved by ibuprofen. He reports that Fioricet has been very helpful in the past. Objective: Patient reports occasional occipital headaches, which are manageable with medication, and now also with migraine headaches which do not respond well to ibuprofen or Norco and which include photophobia/audiophobia. Neck, shoulder and upper back pain, subscapular/ interscapular pain greater on left than right. He reports that pain interferes moderately with his ability to perform all ADL's including work, sleep, concentration, mood, relationships and overall functioning. Diffuse moderate tenderness to palpation over entire left shoulder and scapular region with severely tender trigger points palpable in rhomboids in four locations, two along medial scapular border, one adjacent to T9. Diffuse tenderness to palpation over cervical paraspinal muscular from C3 to C7. Cervical range of motion in all planes remains within normal limits but elicits mild pain. Diagnosis: Cervical degenerative disc disease. Cervicalgia/radiculopathy. Chronic subscapular/interscapular pain. Migraines. Plan: Fioricet 1 tab up to BID #60. Motrin 800 mg TID. Soma 350 mg QHS #60. Norco 10/325mg 112- 1 tab up to twice daily #60. Chiropractic care, physical therapy, medications, diagnostics, and cervical epidural steroid injections. Work full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET TWICE A DAY, #60, WITH THREE (3) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION BARBITURATE-CONTAINING ANALGESIC AGENTS (BCAS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 47 of 127.

Decision rationale: Barbiturate-containing analgesic agents (BCAs) such as Fioricet are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Therefore the request for Fioricet twice a day, #60, with three (3) refills is not medically necessary and appropriate.

SOMA 350 MG AT BEDTIME, #30, WITH THREE (3) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CARISOPRODOL (SOMA®)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ANTISPASMODICS Page(s): 65. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, CARISOPRODOL.

Decision rationale: Soma is not recommended for longer than a 2 to 3 week period. Therefore the request for Soma 350mg at bedtime, #30, with three (3) refills is not medically necessary and appropriate. The California-MTUS guidelines, page 65, section on Antispasmodics- Carisoprodol (Soma®), indicate that neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. The ODG-TWC-Pain Chapter indicates that Carisoprodol (Soma®) is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. 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). As of January 2012, carisoprodol is scheduled by the DEA as a Schedule IV medication. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety.