

Case Number:	CM13-0057592		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2003
Decision Date:	05/15/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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:

The injured worker is a 46-year-old female who reported injury on 10/15/2003. The mechanism of injury was not provided. The documentation of 10/23/2013 revealed the injured worker was symptomatic. The injured worker was noted to be 2 months status post revision of failed shoulder repair. The documentation submitted for review indicated the injured worker had been treated with opioids since 2012 and muscle relaxants since 09/2013. The request was made for Soma 350 mg, Fioricet, and tramadol 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: California MTUS Guidelines recommend muscle relaxants as second line options for the short term treatment of acute pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the

medication for 1 month. There was a lack of documentation of objective functional improvement. There was a lack of documentation indicating the necessity for 3 refills without re-evaluation. The request as submitted failed to provide documentation of the requested frequency. Given the above, the request for Carisoprodol 350mg #60 with 3 refills is not medically necessary.

FIORICET #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate- containing analgesic agents. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs), Page(s): 23.

Decision rationale: California MTUS Guidelines do not recommend barbiturate-containing analgesic agents for chronic pain. The clinical documentation submitted for review indicated the injured worker had a necessity for the medication for pain and headaches and there was necessity for 3 refills. However, the duration for the use of the medication could not be established. There was a lack of documentation indicating a necessity for 3 refills. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Fioricet #60 with 3 refills is not medically necessary.

TRAMADOL 50MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and ongoing management Page(s): 60,78.

Decision rationale: California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The clinical documentation indicated the injured worker had been utilizing opioids since 2012. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Tramadol 50mg #60 with 3 refills is not medically necessary.