

Case Number:	CM14-0164902		
Date Assigned:	10/10/2014	Date of Injury:	11/15/2004
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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 Anesthesiologist, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 56-year-old female with an 11/15/04 date of injury. At the time (9/11/14) of Decision for Soma 350mg #30, Tylenol w/ Codeine #4, quantity #120, and Fiorinal #90, there is documentation of subjective (neck pain radiating down to both arms) and objective (restricted range of motion of the cervical spine, paravertebral muscle spasm, tenderness to palpitation over the cervical paravertebral muscles, patchy upper extensor sensory losses, and decreased right triceps reflexes) findings, current diagnoses (muscle spasms, cervical radiculopathy, and cervical disc disorder), and treatment to date (medications (including ongoing treatment with Norco, Soma, and Fiorinal since at least 3/5/14)). Medical reports identify a [REDACTED] that is consistent and appropriate, and a decrease in pain level, patient's independence in daily living activities, ability to walk every other day for up to an hour, and ability to carry out household chores as a result of medication use. Regarding Soma 350mg #30, there is no documentation of acute muscle spasm and the intention to treat over a short course (less than two weeks). Regarding Fiorinal #90, there is no documentation of tension headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of muscle spasms, cervical radiculopathy, and cervical disc disorder. In addition, given documentation of ongoing treatment with Soma and a decrease in pain level, patient's independence in daily living activities, ability to walk every other day for up to an hour, and ability to carry out household chores as a result of medication use, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Soma use to date. However, despite documentation of muscle spasms and given documentation of an 11/15/04 date of injury, there is no (clear) documentation of acute muscle spasms. In addition, given documentation of records reflecting prescriptions for Soma since at least 3/5/14, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg #30 is not medically necessary.

Tylenol w/ Codeine #4, quantity #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of muscle spasms, cervical radiculopathy, and cervical disc disorder. In addition, given documentation of a [REDACTED] that is consistent and appropriate, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the

lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Tylenol w/ Codeine #4 and a decrease in pain level, patient's independence in daily living activities, ability to walk every other day for up to an hour, and ability to carry out household chores as a result of medication use, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Tylenol w/ Codeine #4 use to date. Therefore, based on guidelines and a review of the evidence, the request for Tylenol w/ Codeine #4, quantity #120 is medically necessary.

Fiorinal #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Barbiturate-Containing Analgesic Agents

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=fiorinal> and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identify that Fiorinal contains a combination of aspirin, butalbital, and caffeine. In addition, Medical Treatment Guideline identifies documentation of tension headaches, as criteria necessary to support the medical necessity for Fiorinal. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of muscle spasms, cervical radiculopathy, and cervical disc disorder. In addition, given documentation of ongoing treatment with Fiorinal and a decrease in pain level, patient's independence in daily living activities, ability to walk every other day for up to an hour, and ability to carry out household chores as a result of medication use, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Fiorinal use to date. However, there is no documentation of tension headache. Therefore, based on guidelines and a review of the evidence, the request for Fiorinal #90 is medically necessary.