

<b>Case Number:</b>	CM14-0023325		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in Texas. 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 48-year-old female who reported an injury on 10/24/2011. The mechanism of injury was noted to be repetitive motion and lifting. The injured worker's prior treatments include medications. The injured worker's diagnoses were noted to be bilateral cervical radiculopathy, bilateral leg radiculopathy, L5-S1 annular tear, severe facet arthropathy at L4-S1 and carpal tunnel syndrome. The injured worker had a clinical evaluation on 12/23/2013. The injured worker complained of ongoing chest pain, shoulder pain, headaches, knee pain, upper buttock and low back pain. The clinical evaluation did not include a physical examination. The treatment plan was to continue medications, obtain a cervical MRI and follow-up in 4 to 6 weeks. The provider's rationale for the requested Fluconazole, Soma and Tramadol was provided within the documentation dated 12/23/2013. The Request for Authorization for Medical Treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUCONAZOLE 50MG, #1 (ONE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diflucan (2013) In Physician's Desk Reference 67th ed., PDR Network.

**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: RxList; Medical Editor: Charles Patrick Davis, MD, PhD.

**Decision rationale:** The request for Fluconazole 50 mg (Quantity: 1.00) is non-certified. Fluconazole is an antifungal medication in the triazole subclass. Diflucan is available as a generic drug termed Fluconazole. Diflucan is prescribed to treat candida fungal infections of the mouth, vagina, esophagus, lungs, urinary tract, abdomen and other organs. Diflucan is also used to treat fungal meningitis and may be prescribed to ward off fungal infections in patients being treated with chemotherapy or radiation before a bone marrow transplant. Some common side effects of Diflucan include headache, dizziness, abdominal pain and heartburn. The clinical evaluation on 12/23/2013 fails to indicate symptoms of a fungal infection. The documentation does not indicate use of chemotherapy or radiation nor is it indicative of a bone marrow transplant. The provider did not indicate a rationale for the use of Fluconazole. In addition, the provider's request fails to indicate a frequency. Therefore, the request for Fluconazole 50 mg (Quantity: 1.00) is not medically necessary and appropriate.

**SOMA 350MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : NON-SEDATING MUSCLE RELAXANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

**Decision rationale:** The request for Soma 350 mg (Quantity: 60.00) is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend Soma for no longer than 2 to 3 weeks. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. The clinical documentation does not indicate treatment duration for Soma. It is unclear if the treatment of Soma provides efficacy for the injured worker. In addition, the request for Soma fails to provide a frequency. Therefore, the request for Soma 350 mg (Quantity: 60.00) is not medically necessary and appropriate.

**TRAMADOL 50MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : OPIOIDS- ON GOING MANAGEMENT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The request for Tramadol 50 mg (Quantity: 90.00) is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially

aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function or improved quality of life. The injured worker's clinical evaluation on 12/23/2013 does not provide an adequate assessment of pain. It does not provide efficacy or appropriate medication use, and side effects are not documented. Urine drug screen monitoring was not noted in the clinical note. In addition, the request for Tramadol fails to provide a frequency. Therefore, the request for Tramadol 50 mg (Quantity: 90.00) is not medically necessary and appropriate.