

Case Number:	CM14-0036823		
Date Assigned:	06/25/2014	Date of Injury:	11/15/2004
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/26/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 56 year old female who had a work related injury on 11/15/2014. The injured worker was carrying supplies on a tray from one room to the other when she tripped over a hose. She went flying forward, landing on all fours. Subsequently, pain in the neck, upper back, low back, and bilateral wrists was reported. Cervical epidural steroid injections and physical therapy were part of the injured's conservative care. Electrodiagnostic testing confirmed bilateral carpal tunnel syndrome. She continued working until her 2005 lay off. Most recent progress note dated 05/28/13, the injured worker stated her pain with medication was 5/10, and 7/10 without medication. Quality of sleep was poor. The injured denied any new injury since last visit. Her activity level increased. Current medications are Fiorinal, Lidoderm 5% patch, Tylenol with codeine #4, Zantac 150mg, soma 350mg. Urine drug screen dated 07/28/10 confirmed positive for opioid, Carisoprodol as expected. The injured worker had cervical epidural steroid injections which helped with neck pain. Facet block in cervical spine provided temporary relief. Electrodiagnostic studies on 04/06/11 there was evidence of mild bilateral carpal tunnel syndrome. Diagnosis, cervicogenic pain, head pain syndrome, cervical spondylosis, bilateral carpal tunnel syndrome, repetitive strain injury to the bilateral upper extremities with extensor tenosynovitis, chronic lumbosacral strain, thoracic strain. Urinary drug screening on 03/09/11 was inconsistent. On 5/28/2014, physical examination, inspection of cervical spine revealed straightening of spine with loss of normal cervical lordosis, range of motion restricted with flexion limited to 35 degrees limited by pain, extension limited to 25 degrees limited by pain, right lateral bending limited to 15 degrees limited by pain, left lateral bending limited to 15 degrees limited by pain, lateral rotation to left limited to 35 degrees in lateral rotation to the right limited to 35 degrees. Tenderness was noted at the paracervical muscles, trapezius, and left C3, C4, and C5 fact joints. Spurling maneuver caused pain in

muscles of the neck with no radicular symptoms. Motor examination testing limited by pain. The patient moved all extremities well. Light touch was decreased over the middle finger on the left side and thumb, index and middle finger on both side. Biceps reflex 2/4 on both sides. Functionally the injured worker stated that with medications she was able to perform light house work such as cooking, dishes, sweeping, or vacuuming, mopping bathroom floors and laundry. The request was for prospective request for #30 soma 350mg. And #90 Fiorinal. Prior utilization review 02/26/2014 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 30 SOMA 350MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Carisoprodol (Soma®).

Decision rationale: The prospective request for #30 Soma 350 mg is not medically necessary. The clinical documentation submitted for review, and current evidence based guidelines do not support the request. The injured worker stated her pain with medication was 5/10, and 7/10 without medication. This medication is Food and Drug Administration 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. Medical necessity has not been established, therefore the request is not medically necessary.

90 FIORINAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Barbiturate-Containing Analgesic Agents (BCA's).

Decision rationale: The request for 90 Fiorinal is not medically necessary. Not supported by current evidence based guidelines. 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 Barbiturate-Containing Analgesic Agents (BCA's) due to the barbiturate constituents. As such, medical necessity has not been established, therefore the request is not medically necessary.

