

Case Number:	CM14-0064822		
Date Assigned:	07/11/2014	Date of Injury:	11/15/2004
Decision Date:	08/27/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 56-year-old female was reportedly injured on November 15, 2004. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 2, 2014, indicated that there were ongoing complaints of headaches and neck pain radiating to the bilateral upper extremities. The physical examination demonstrated decreased cervical spine range of motion and loss of lordosis. There was tenderness along the cervical spine, the paravertebral muscles, and facet joints. There was a negative Spurling's test. Upper extremity neurological examination noted decreased sensation of the left middle finger and index finger in Apache distribution. There was also a decreased reflex of the right triceps. Diagnostic imaging studies were not reviewed during this visit. Previous treatments include steroid injections, and a functional restoration program, the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, neck braces, and wrist braces. A request was made for soma and Fiorinal and was not certified in the pre-authorization process on April 15, 2014.

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 Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page 63-66 of 127 Page(s): 63-66 of 127.

Decision rationale: Soma is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Soma 350mg #30 is not medically necessary.

Fiorinal #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic agent.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS Effective July 18, 2009) Page 23 of 127 Page(s): 23 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesic agents (BCAs) 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 also a risk of medication overuse as well as rebound headache. For these reasons, this request for Fiorinal #90 is not medically necessary.