

Case Number:	CM14-0202174		
Date Assigned:	12/12/2014	Date of Injury:	12/04/1997
Decision Date:	01/31/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 56-year-old woman sustained a work related injury on December 4, 1997 resulting in injuries to her neck and back. Current medications include Fioricet, Motrin, Soma, Flexeril, Aleve, and Ultracet. According to a progress note dated December 3, 2014, the patient reported neck pain and flare-up of her symptoms. The patient described the pain as burning, stabbing, and throbbing. The pain was described as constant and the symptoms were moderate to severe with profound limitations. The pain radiated to the left upper extremity. The patient also complained of sharp low back pain. The pain was described as frequent with moderate severity. The pain radiated to the left lower extremity. MRI of the cervical spine dated February 17, 2011 showed 1.2 mm focal left central disc herniation at C5-6 but without spinal stenosis or foraminal narrowing. Severe bilateral foraminal narrowing at C4-5 secondary to disc bulging and uncovertebral joint hypertrophy. Moderate bilateral foraminal narrowing at C6-7. MRI of the lumbar spine dated February 17, 2011 showed grade I anterolisthesis of L5 on S1 secondary to bilateral pars defects of L5. There was actually less foraminal narrowing compared to the previous exam secondary to increased disc desiccation and volume loss of the disc extending into the foramen. X-rays of the cervical spine dated December 3, 2014 revealed loss of lordosis suggestive of paraspinal spasms, disc space narrowing was identified at C4-5 and to a greater degree at C6-7 mild anterior spondylosis identified. Grade II spondylosisthesis with significant disc space narrowing at the L5-S1 space with spur formation anteriorly. Foraminal narrowing suggested. The patient was diagnosed with cervical radiculopathy, lumbar radiculopathy, lumbar HNP with myelopathy, and cubital tunnel syndrome. The provider requested authorization for Soma and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA Page(s): 29.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma a long time without clear evidence of spasm or exacerbation of neck and lumbar pain. There is no justification for prolonged use of Soma. The request for SOMA 350 mg is not medically necessary.

Fioricet 325mg-50mg-40mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter (barbiturate-containing analgesic agents (BCAs))

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

Decision rationale: Fioricet is a Barbiturate-containing analgesic agents (BCAs). According to MTUS guidelines, Barbiturate-containing analgesic agents (BCAs). 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)>. There is no documentation of chronic headaches and no justification for long term use of Fioricet. Therefore, the prescription for Fioricet 325mg-50mg-40mg #90 is not medically necessary.