

Case Number:	CM15-0009737		
Date Assigned:	01/27/2015	Date of Injury:	05/09/2001
Decision Date:	03/18/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old male patient who sustained an industrial injury on 05/09/2001. He sustained the injury due to slipped on a wet floor. The diagnoses include lumbar radiculopathy, left foot pain, left knee pain, fibromyalgia, anxiety, depression, generalized pain and history of dental damage. Per the physician progress note dated 12/02/2014, he had complaints of neck pain, low back pain, headache, insomnia and fatigue. The physical examination revealed moderate distress, slow gait, fibromyalgia exam- 18/18 fibro tender points; lumbar spine- spasm in L4-S1 in the paraspinal musculature, moderately to severely limited range of motion of the lumbar spine, pain significantly increased with flexion and extension and decreased sensitivity to touch along the L5-S1 dermatome in bilateral lower extremities. The medications list includes seroquel, fioricet, lyrica, soma, restoril, naproxen, hydrocodone-acetaminophen and xanax. He has undergone left knee arthroscopy; left shoulder surgery. He has had left knee MRI on 2/17/2007; MRI left shoulder on 3/28/2008 and 5/19/2010; lumbar MRI on 3/9/2002, 2/19/2008 and 8/12/2010; MRI left ankle on 6/15/2012; cervical MRI on 3/9/003 and 10/5/2010; EMG/NCS in 2003; CT lumbar spine in 2002; thoracic MRI on 3/9/2002. He has had physical therapy and acupuncture therapy for this injury. On 12/20/2014 Utilization Review non-certified the request for Fioricet # 60, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #60: Upheld

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

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

Decision rationale: Request: Fioricet #60 Fioricet (Fiorcet) contains a combination of acetaminophen, butalbital and caffeine. Butalbital is in a group of drugs called barbiturates. According to MTUS guidelines, page 23, barbiturates 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. 'Per the submitted medical records, patient had complaints of chronic neck and lumbar pain and headache. Barbiturates are not recommended by MTUS for chronic pain. The medical necessity of Fioricet #60 is not established for this patient.

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 Carisoprodol (Soma), page 29 Muscle relaxants (for pain), page 64.

Decision rationale: Request: Soma 350mg #60. According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, 'Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety.' California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, 'muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications.' The CA MTUS chronic pain guidelines do not recommended soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response to NSAIDs without muscle relaxants is not specified in the records provided. The medical necessity of Soma 350mg #60 is not established in this patient at this time.

