

<b>Case Number:</b>	CM15-0108175		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	11/15/2004
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on 11/15/04. She reported initial complaints of a fall resulting in her landing on hands and knees. The injured worker was diagnosed as having cervicogenic head pain syndrome; cervical spondylosis; bilateral carpal tunnel syndrome; repetitive strain injury bilateral upper extremities with extensor tenosynovitis; chronic lumbosacral strain; thoracic strain; spasm of muscle; cervical radiculopathy; disc disorder cervical. Treatment to date has included TENS unit; cervical epidural steroid injection C7-T1 (01/8/07; 11/14/08; 2/13/09); urine drug screening; medications. Diagnostics included EMG/NCV study upper extremities (4/6/2011). Currently, the PR-2 notes dated 5/6/15 indicated the injured worker complains of neck pain radiating from the neck down both arms. She rates her pain as 6/10 and without medications it would be 7/10. The injured worker notes the pain is stable but quality of sleep is poor. The provider documents the injured worker pays out of pocket for medications Soma and Fiorinal. He also documents she has trialed Lyrica (gives her headaches); Cymbalta (has negative side-effects) and Neurotin (ineffective and caused dry mouth) as well as ibuprofen/oral NSAIDS (stomach upset); Flurbiprofen, Flexeril were notes as ineffective. On examination the provider documents the injured worker has an antalgic gait but uses no devices for ambulating. Her cervical spine range of motion is restricted and causes pain bilaterally. She has tenderness in the spinous processes at C4, C5, and C6 with tenderness also noted at the paravertebral muscles, trapezius and left C3, C4 and C5 facet joints. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. She has thoracic spinous process tenderness noted at T2, T3, T4, T5 and T6. Motor testing is limited due to pain. She has light touch sensation decreased over the middle

finger on the left side of thumb, index finger, and middle finger on both sides and patchy in distribution; sensation to pin prick is patchy as well. She continues to use her TENS unit which is noted to help pain. The provider is requesting authorization of Soma 350mg #30 and Florinal #90 between 5/6/15 and 6/26/15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **90 Florinal: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents for chronic pain.

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

**Decision rationale:** The patient presents with pain affecting the neck with radiation into the bilateral upper extremities. The current request is for 90 Florinal. While the IMR form notes the request is for Florinal, the medication requested is Fiorinal. The treating physician report dated 6/3/15 (19B) states, "CONT Fiorinal for headache/neck pain effective." The MTUS guidelines state that Barbiturate-containing analgesics agents 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 Barbiturate Containing Agents due to the barbiturate constituents. In this case, barbiturate-containing analgesics are not recommended therefore Fiorinal is not recommended. The current request is not medical necessary.

#### **30 Soma 350mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with pain affecting the neck with radiation into the bilateral upper extremities. The current request is for 30 Soma 350mg #30. The treating physician report dated 6/3/15 (19B) states, "CONT Soma 350 Mg Tablet for muscle spasm. Patient notes that the medication is very helpful to reduce her muscle spasms." MTUS guidelines page 29 state for Carisoprodol (Soma), "Not recommended. This medication is not indicated for long-term use." The MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking this medication since at least 12/17/14 (233B). In this case, the use

of the medication is outside the 2-3 weeks recommended by MTUS. The current request is not medically necessary.