MAXIMUS Federal Services

Case Number:	CM15-0027328		
Date Assigned:	02/19/2015	Date of Injury:	04/27/2007
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/12/2015

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
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 46 year old female with an industrial injury dated 04/27/2007 from cumulative trauma. Her diagnoses include status post cervical discectomy and fusion, right elbows strain/sprain, right shoulder strain/sprain, lumbar spine strain/sprain, right carpal tunnel syndrome, and left carpal tunnel syndrome. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, right carpal tunnel release, multiple epidural steroid injections, and multiple cervical surgeries. In a progress note dated 01/19/2015, the treating physician reports new onset of headaches, blurred vision and dizziness. The objective examination revealed no acute abnormalities. The primary treating physician's report (dated 01/07/2015), indicated that the injured worker had recently reported to the emergency room with severe migraine headache and severe low back pain on 01/01/2015. Current complaints included worsening constant low back pain with radiation into the lower extremities, limited range of motion and muscle spasms in the low back. The objective findings on this exam revealed guarded upright posture, decreased range of motion in the lumbar spine, positive straight leg raises, and some decreased sensation in the left lower extremity. The treating physician is requesting Soma and Fioricet which were modified and non-certified by the utilization review. On 01/21/2015, Utilization Review modified a prescription for Soma 350mg #60 to the approval of Soma 350mg #20, noting that this medication is not recommended by guidelines, and that it is not recommended for long term use (for which the injured worker has been taking this type of medication for well over a year) but does recommend tapering before cessation. The MTUS Guidelines were cited. On 01/21/2015, Utilization Review non-certified a

prescription for Fioricet 325mg #40, noting that this medication is recommended for the treatment of headaches, for which the injured worker is not diagnosed with or has had documented clinical symptoms, and the previous denials of this request. The MTUS Guidelines were cited. On 02/12/2015, the injured worker submitted an application for IMR for review of Soma 350mg #60 and Fioricet 325mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Soma - Carisoprodol Page(s): 63-66, 29.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/ lower extremities. The request is for SOMA 350MG #60. MTUS guidelines page 29 does not recommend Soma Carisoprodol. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate, a schedule-IV controlled substance, Carisoprodol is now scheduled in several states but not on a federal level. MTUS page 63-66 state, "Carisoprodol Soma, Soprodal 350, Vanadom, generic available: Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, the patient has utilized Soma since at least 07/03/14. The treater does not provide documentation of this medication's efficacy. The treater does not explain that this is to be used for short-term. Given that the MTUS guidelines only support a short-term use of this medication, 2-3 weeks, the request of SOMA #60 IS NOT medically necessary.

40 Fioricet 325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bartiburate-containing analgesics agents (BCAs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain Chronic' and topic 'Barbiturate-containing analgesic agents BCAs.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/ lower extremities. The request is for FIORICET 325mg #40. Per 10/27/14 progress report, the patient takes Imitrex 50mg three tablets per week for migraines and Fioricet 325mg one daily as needed for tension headaches. ODG Guidelines, chapter 'Pain Chronic' and topic 'Barbiturate, containing analgesic agents BCAs', states that Fioricet is "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; Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. Friedman, 1987, The AGS updated Beers criteria for inappropriate medication use includes barbiturates."In this case, the patient has been on Fioricet since at least 07/03/14. There is no documentation of this medication's efficacy. The patient is suffering from chronic neck and low back pain, and ODG guidelines do not recommend this medication in such cases due to high dependency. Furthermore, Fioricet is sometimes used for acute headaches, but not recommended due to a risk of overuse as well as rebound headache. The request of FIORICET 325mg IS NOT medically necessary.