

<b>Case Number:</b>	CM15-0058029		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/26/2002
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 60-year-old female injured worker suffered an industrial injury on 07/26/2002. The diagnoses included thoracic degenerative disc disease with myofascial pain, lumbar fusion, headaches, and possible cervical radiculopathy. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with medications and home exercise program. She reported numbness of bilateral arms to the fingers. There was increase in headaches in frequency and intensity causing nausea and flare migraines. There was increase in neck pain radiating the right shoulder. On 2/03/2015, the treating provider reported tenderness of the cervical and thoracic muscles. The pain 5/10 is not helped with Soma. The low back pain was decreased and there was improvement in activities of daily living. The treatment plan included Fioricet and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 300mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 frequency, type, and quality of the headaches and no justification for long term use of Fioricet. Therefore, the prescription for Fioricet is not medically necessary.

**Soma 350mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are 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 lumbar and neck pain. There is no justification for prolonged use of Soma. Therefore, the request for SOMA 350 mg #120 is not medically necessary.