

Case Number:	CM15-0061155		
Date Assigned:	04/07/2015	Date of Injury:	11/15/2004
Decision Date:	05/07/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

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: Emergency 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 injured worker is a 57 year old female, who sustained an industrial injury on 11/15/2004. The current diagnoses are cervical radiculopathy, spasm of muscle, and cervical disc disorder. According to the progress report dated 2/11/2015, the injured worker complains of neck pain with radiation to the bilateral arms. The pain is rated 7/10 with medications and 9/10 without. The current medications are Florinal, Tylenol #4, Zantac, and Soma. Treatment to date has included medication management, electrodiagnostic studies, home exercise program, and epidural steroid injections. The plan of care includes Soma, Florinal, and Tylenol #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The requested Soma 350mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain with radiation to the bilateral arms. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350mg #30 is not medically necessary.

Fiorinal #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, AND Barbiturate-containing analgesic agents (BCAs) Page(s): 78-82, 23.

Decision rationale: The requested Fiorinal #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. CA MTUS Chronic Pain Treatment Guidelines, p. 23 "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. The injured worker has neck pain with radiation to the bilateral arms. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening; nor medical necessity specifically for a barbiturate-containing medication as an outlier to referenced negative guideline recommendations. The criteria noted above not having been met, Fiorinal #90 is not medically necessary.