

Case Number:	CM15-0085656		
Date Assigned:	05/08/2015	Date of Injury:	05/28/2003
Decision Date:	06/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/05/2015

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, North Carolina
 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:

The injured worker is a 70 year old female who sustained an industrial injury on 05/28/03. Initial complaint and diagnoses are not available. Treatments to date include medications, injections, physical therapy, spinal fusion, cortisone and Synvisc injections, and acupuncture. Diagnostic studies are not addressed. Current complaints include pain in the shoulder, right arm, neck, and headaches. Current diagnoses include cervical disc displacement, cervical sprain/strain, bilateral carpal tunnel syndrome, myofascial pain syndromes, and right shoulder rotator cuff injury. In a progress note dated 04/20/15 the treating provider reports the plan of care as medication including Motrin, Skelaxin, Fioricet, and Lidoderm patches. The requested treatments include Fioricet and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: The CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option in short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). They are not indicated for long-term use. The records submitted do not document an acute exacerbation of LBP. In most LBP patients, muscle relaxants show no benefit beyond NSAIDs. In this case, the request for Skelaxin 800 mg #60 is not medically necessary or appropriate.

Fioricet #60: Upheld

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

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

Decision rationale: BCAs such as Fioricet 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 barbituate constituents. There is a risk of medication overuse as well as rebound headaches. The request for Fioricet #60 is thus deemed not medically necessary or appropriate.