

Case Number:	CM14-0130090		
Date Assigned:	08/20/2014	Date of Injury:	11/15/2004
Decision Date:	09/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old female with an injury date of 11/15/04. The 06/24/14 report by ■■■ states that the patient presents with neck pain radiating down both arms. Pain is rated as 4/10 with medications and 8/10 without. Quality of sleep is poor and her activity level remains the same. Examination of the paravertebral muscles, spasm, tenderness and tight muscle band is noted on both the sides. Spinous process tenderness is noted on C4, C5 and C6. Tenderness is noticed at the paracervical muscles, trapezius and left C3, C4, and C5 facet joints. There is limited range of motion. The patient's diagnoses include: 1. Spasm of muscle 2. Cervical radiculopathy 3. Disc disorder, cervical Current medication is listed as Fiorinal, Lidoderm 5% patch, Tylenol with codeine, Zantac, and Soma. The utilization review being challenged is dated 07/16/14. Treatment reports were provided from 01/18/14 to 07/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Soma 350mg tablet, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); regarding Carisoprodol (Soma).

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

Decision rationale: The patient presents with neck pain radiating down both arms rated 4/10 with medication and 8/10 without. The treater requests for Soma 350 mg tablet #30. Soma appears as a medication on every report provided from 01/08/14 to 06/26/14. MTUS guidelines page 29 state for Carisoprodol (Soma) , "Not recommended. This medication is not indicated for long-term use." MTUS guidelines pages 63-66 state, "Muscle relaxants (for pain) Carisoprodol (Soma, Neither of these formulations is recommended for longer than a 2 to 3 week period." The records indicate this patient has been taking this medication since at least 01/08/14; therefore, recommendation is for denial.

1 prescription for Fiorinal, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); regarding Barbiturate - containing analgesic agents (BCAs).

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

Decision rationale: The patient presents with neck pain radiating down both arms rated 4/10 with medication and 8/10 without. The treater requests for Fiorinal (butalbital a barbiturate) #90. 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. The reports provided shows the patient has been taking this medication since at least 01/08/14. Therefore, the recommendation is for denial.