

Case Number:	CM14-0216958		
Date Assigned:	01/06/2015	Date of Injury:	10/10/2013
Decision Date:	02/28/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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
 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 worker is a 34 year old female who was injured on 10/10/13. She was diagnosed with lumbar myoligamentous injury with radicular symptoms, cervical myoligamentous injury with radicular symptoms, bilateral wrist/hand numbness, and medication-induced gastritis. She was treated with epidural injections, physical therapy, trigger point injections, and medications, including chronic use of Soma and Fioricet (for cervicogenic headaches). On 12/3/14, the worker was seen by her pain management provider reporting increasing neck pain with radicular symptoms to both arms, rated 8/10 on the pain scale. She requested another epidural injection to the cervical spine. She also complained of low back pain. She reported taking Soma, Fioricet, Anaprox, Prilosec, and Neurontin. Physical examination revealed tenderness to palpation of the cervical and lumbar spines bilaterally with trigger points. She was then recommended to have trigger point injections in the neck and back, and was given refills on all of her medications.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pages 63-66 and Carisoprodol, pages 29.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, the continual prescribing of Soma for regular use does not fit within the Guidelines and recommendations for this medication, which should only be considered for short-term use. Considering the requested number of pills being 30, this would even be more than necessary for an acute flare-up, for which there was no evidence as well. Therefore, this request is not medically necessary.

Floriset #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 MTUS Chronic Pain Guidelines states that barbiturate-containing analgesic agents are not recommended for chronic pain as the potential for drug dependence, overuse, and rebound headache is high, and no evidence exists that shows clinically important efficacy. In the case of this worker, it was reported that the worker had been using this medication as it was found on her medication list, however, the recent progress note did not mention the functional benefits the Fioricet was providing the worker and how she used the medication. Fioricet is not a recommended medication for chronic use, and it was suggested that she was using this medication as such. Therefore, the Fioricet is not medically necessary.