

<b>Case Number:</b>	CM15-0129784		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/27/2007
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Preventive Medicine, Occupational 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 46 year old female who sustained an industrial injury on 4-27-07. The records provided do not indicate the nature of the injury, the initial symptoms, nor a diagnosis associated with the injury. However, a progress record dated 3-25-15 indicates that she has a history of back pain "for the last few years" and underwent a spinal fusion at L5-S1 "about 2-3 weeks ago". Documentation from January 2015 provides diagnoses of Status post removal of artificial disc, C4-5, with anterior cervical discectomy and fusion in August 2011, prior total disc arthroplasty C4-5 and C5-6 in March 2011, bulging disc C6-7 per MRI in October 2009. Other diagnoses include Sprain, strain; ulnar neuritis, right elbow, Sprain, strain right shoulder; mild subscapularis tendinosis, right bicipital tendinitis, Carpal tunnel syndrome left wrist, right carpal tunnel syndrome with release in February 2010, and Sprain, strain lumbar spine. In April 2015, the injured worker presented to the emergency department for persistent nausea, diarrhea, back and abdominal pain. She was noted to have "fluid in the retroperitoneum and postoperative seroma, requiring pain medications for control". She was hospitalized for two days and treated with IV antibiotics. A colonoscopy and endoscopy were recommended, however, the injured worker deferred. The Emergency Room report dated 4-11-15 indicates that the injured worker has a history of migraine headaches. Her primary care physician has documented that the injured worker has "severe headaches", for which she requires Fioricet. He has also documented that she requires Xanax for sleep and anxiety and Soma for muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 325mg #40: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics Page(s): 23.

**Decision rationale:** MTUS Guidelines are not supportive of this class of medications for long term pain conditions. There is no documentation that would support an exception to this recommendation. The type and frequency of the reported headache is not clearly documented. The frequency and circumstances of when the Fioricet is utilized is not documented. Fioricet is generally not a drug of choice for experts in headache treatment as there is a significant risk of medication induced headaches when the medication effects wanes. Under these circumstances the long term use of Fioricet 325mg #40 is not supported by Guidelines and is not medically necessary.

**Xanax 0.5mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that benzodiazepines be avoided for long-term use. Long-term use is not supported for pain and/or any associated issues such as insomnia or anxiety. The Guidelines note that there are many other supported medication classes for these problems. The Guidelines do not support the Xanax .5mg #30 and there are no unusual circumstances to justify an exception to the recommendations. The Xanax .5mg #30 is not medically necessary.

**Soma 350mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

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

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that Soma be avoided short or long term. The Guidelines address this issue under the specific drug and in general under the section of muscle relaxants. The effects of Soma are due to a sedative metabolite very similar to barbiturates. The Soma 350mg #90 is not supported by Guidelines

and there are no unusual circumstances to justify an exception to the Guidelines. The Soma 350mg. #90 is not medically necessary.