

<b>Case Number:</b>	CM15-0064696		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old woman sustained an industrial injury on 2/2/2012. The mechanism of injury is not detailed. Evaluations include a brain MRI dated 1/15/2015. Diagnoses include left side stiff shoulder syndrome, inflammatory process of the left wrist, myoligamentous strain of the lumbar spine, inflammatory process of the left knee with medial meniscus tear, and cephalgia. Treatment has included oral and topical medications. Physician notes dated 2/18/2015 show complaints of left shoulder pain, left knee pain, daily headaches, and left wrist pain. Recommendations include acupuncture, increase Benzapril due to high blood pressure, refill Tramadol/Acetaminophen, Tizanidine, Cyclobenzaprine cream, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Floriset 50/300 mg Qty 90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Barbiturate-containing analgesic agents (BCAs).

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

**Decision rationale:** Per MTUS CPMTG with regard to barbiturate-containing analgesic agents:  
"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 barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache."As the request is not recommended by the MTUS, the request is not medically necessary.