

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from the Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

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

The patient is a 45 year old female who reported an injury on 4/27/2007 due to cumulative trauma. The patient underwent a disc replacement surgery at the C4-5 and C5-6 level that failed resulting in fusion at those levels. The patient had significant pain complaints of the cervical spine, right shoulder, right elbow, right wrist, and lumbar spine. Physical findings of the right shoulder included decreased range of motion in flexion at 100 degrees, abduction 90 to 130 degrees limited due to pain, external rotation 50 degrees, internal rotation limited to 30 degrees due to pain, and tenderness to palpation over the rotator cuff. The patient had a positive impingement test. The patient's diagnoses included carpal tunnel syndrome, lumbar sprain/strain, right elbow sprain/strain, and right shoulder strain/sprain, and status post cervical surgery. The patient's treatment plan included injection therapy, medication management, and physical therapy. The patient's medications included Norvasc 5 mg daily, Norco 10/325 mg one 3 to 4 times a day, Soma 350 mg at night, and Fioricet as needed.

IMR DECISION(S) AND RATIONALE(S)

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

1. Soma 350mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 29, which is a part of the MTUS.

The Physician Reviewer's decision rationale: The employee has continued complaints of neck pain, upper extremity pain, and lumbar pain. The California Medical Treatment Utilization

Schedule does not recommend the use of Soma, especially for long-term use. The clinical documentation submitted for review does not provide any evidence of functional benefit or a reduction in symptoms as the result of the use of this medication. Therefore, continued use would not be indicated. **The request for Soma 350mg is not medically necessary and appropriate.**

2. The use of Fioricet #40 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 23, which is a part of the MTUS.

The Physician Reviewer's decision rationale: The clinical documentation submitted for review does indicate that the employee has migraines. California Medical Treatment Utilization Schedule does not recommend the use of Fioricet due to a high incidence of dependency. Additionally, the clinical documentation does not provide any functional benefit or relief of symptoms as a result of this medication. **The request for Fioricet is not medically necessary and appropriate.**

3. The request for Xanax 0.5mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, which are not a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 24, which is a part of the MTUS, as well as the Official Disability Guidelines (ODG), which are not a part of MTUS>

The Physician Reviewer's decision rationale: The employee does complain of chronic neck and shoulder pain. The clinical documentation does also provide evidence that the employee had experienced symptoms of depression and anxiety. However, the long-term use of this type of medication is not recommended due to an increased risk of dependence. The California Medical Treatment Utilization Schedule states that tolerance to the hypnotic effects develop rapidly, and tolerance to anxiolytic effects occur within months and long-term use may actually increase anxiety. Additionally, it is noted within the documentation that this medication is also being prescribed to treat insomnia. This medication is not FDA approved to treat insomnia according to the ODG. Additionally, there is no documentation that the employee has failed to respond to non-benzodiazepine treatments. **The request for Xanax 0.5mg is not medically necessary and appropriate.**

4. The request for Norco 10/325 mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are a part of MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 78, which is a part of the MTUS.

The Physician Reviewer's decision rationale: The employee does have continued pain complaints. California Medical Treatment Utilization Schedule supports the ongoing use of opioids for chronic pain management when there is evidence of symptoms response, an assessment for side effects, increased functional capabilities, and evidence of compliance to a prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence of functional benefit or symptoms resolution as a result of this medication. As the employee has been on this medication for an extended period of time, there should be evidence of compliance to a prescribed medication schedule. The clinical documentation lacks this evidence. Additionally, there is no documentation of increased functional capabilities as a result of this medication. **The request for Norco 10/325 mg is not medically necessary and appropriate.**

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