

<b>Case Number:</b>	CM13-0021532		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 & 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:

This is a 52 year-old male truck driver who was injured on 12/11/09 when he fell getting out of the semi truck. He was diagnosed with T5-7 disc displacement; right shoulder impingement syndrome; bilateral cervical radiculopathy; C4-7 stenosis and disc degeneration; s/p C4-7 ACDF on 6/26/13. According to the 8/9/13 spinal orthopedic report from [REDACTED] the patient presents with cervical spine pain that is post operative in nature. The patient complains of severe headaches. [REDACTED] requests 18 post-op PT sessions; Restoril, Vistaril, Imitrex and Fioricet. On 8/28/13, UR denied the medications. The patient has history of headaches prior to the surgery as on 2/22/13, [REDACTED] reports history of headaches and the patient was taking Fioricet and Imitrex. 8/9/13 appears to be the first time [REDACTED] prescribed the medications, and on the 10/18/13 P&S report, [REDACTED] notes the patient takes the medications, but they were prescribed by some other physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIORICET, 1 TABLET 4 TIMES A DAY, #120 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FIORICET, BARBITURATE-CONTAINING ANALGESIC AGENTS (BCA'S) Page(s): 47,23.

**Decision rationale:** The patient presents about 2-months post-ACDF, with post-operative neck pain, improved upper extremity symptoms, but recurrence of severe headache. He had been using Fioricet and imitrex for headaches, prescribed by some other physician, prior to the surgery, as noted on the 2/22/13 report. The orthopedic spinal surgeon wrote a prescription for Fioricet 4x/day #120 with 3 refills on 8/9/13. There are no medical reports available from the other physician that initially prescribed the Fioricet, and no medical reports that show an evaluation of headaches, or description of the type of headache the patient has. MTUS states that barbiturate-containing analgesics (BCA) are not recommended for chronic pain. The request does not appear to be in accordance with MTUS guidelines.

**IMITREX 100MG, 1 BY MOUTH FOR HEADACHE, #90 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG GUIDELINES, HEAD CHAPTER FOR IMITREX.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC GUIDELINES, HEAD CHAPTER FOR IMITREX

**Decision rationale:** The patient presents about 2-months post-ACDF, with post-operative neck pain, improved upper extremity symptoms, but recurrence of severe headache. He had been using Fioricet and imitrex for headaches, prescribed by some other physician, prior to the surgery, as noted on the 2/22/13 report. The orthopedic spinal surgeon wrote a prescription for Imitrex 100mg 1/day for headache, with 3 refills on 8/9/13. There are no medical reports available from the other physician that initially prescribed the imitrex, and no medical reports that show an evaluation of headaches, or description of the type of headache the patient has. The ODG guidelines recommend Imitrex for migraine headaches, but the available medical records do not state the patient has migraine headaches. Based on the limited information, I am not able to verify that the prescribed Imitrex is in accordance with the ODG recommendations.

**RESTORIL 30MG, 1 TABLET AT NIGHT, #30 WITH 3 REFILLS:** Upheld

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

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

**Decision rationale:** The patient presents about 2-months post-ACDF, with post-operative neck pain, improved upper extremity symptoms, but recurrence of severe headache. The orthopedic spinal surgeon wrote the initial prescription for Restoril 30mg, qhs, with 3 refills on 8/9/13, because the patient had trouble sleeping. Restoril is a benzodiazepine, and MTUS for

benzodiazepines states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. "The use of Restoril for 4-weeks may have been appropriate, but I am not able to offer partial authorization through the IMR process, that the request as written is for a 1-month supply with 3 refills. This would be enough for 4-months of use, and will exceed the MTUS 4-week limit. The request as written is not in accordance with MTUS guidelines.

**VISTARIL 50MG, 1 BY MOUH DAILY, #30 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6 page 115.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA LABELED INDICATION FOR VISTARIL

**Decision rationale:** The patient presents about 2-months post-ACDF, with post-operative neck pain, improved upper extremity symptoms, but recurrence of severe headache. The orthopedic spinal surgeon wrote the initial prescription for Vistoril 50mg, qd, #30, with 3 refills on 8/9/13. There was no rationale provided for Vistoril in the medical reports. The FDA labeled indications are for anxiety, or pruritus from allergic conditions, and possible to potentiate barbiturates. There was no mention of anxiety, or allergic conditions, but the patient was using Fioricet that contains barbiturate. The MTUS guidelines stated that BCAs are not recommended, and Fioricet could not be approved. There does not appear to be an indication for use of Vistaril, and without the physician's rationale, I cannot verify that the use of Vistaril is in accordance with any evidence-based guideline.