

<b>Case Number:</b>	CM13-0024392		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	08/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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. 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:

The patient is a 56-year-old male who reported injury on 12/06/2011. The mechanism of injury was stated to be a fall. The patient was noted to undergo psychological examinations as well as agreed medical examinations. However, there is a lack of documentation indicating objective examination findings. The patient's diagnosis per the Application for Independent Medical Review was noted to be disc NEC/NOS cervical 722.91. The request was made for prospective refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Fioricet 50/32540mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Fioricet>

**Decision rationale:** California Medical Treatment Utilization Section (MTUS) Guidelines do not recommend barbiturate containing analgesics for chronic pain. As per drugs.com, Fioricet contains acetaminophen, butalbital, caffeine and butalbital is in the barbiturate family. The

clinical documentation submitted for review failed to provide an objective examination and/or subjective complaints to support the request. It failed to indicate the efficacy of the medication and exceptional factors to warrant non-adherence to guideline recommendations. Given the above, prospective request for 60 tablets of Fioricet 50/325mg between 8/30/2013 and 10/14/2013 is not medically necessary.

**90 tablets of Norco 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** California Medical Treatment Utilization Section (MTUS) Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4A's for ongoing prescription of Norco and there was no submitted documentation with subjective complaints or an objective physical examination to support the request. Given the above, prospective request for 90 tablets of Norco 10/325mg between 8/30/2013 and 10/14/2013 is not medically necessary.

**30 tablets of Levitra 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Levitra>

**Decision rationale:** California Medical Treatment Utilization Section (MTUS) Guidelines recommend testosterone replaced for hypogonadism related to opioids for patients with long-term opioids and documented low testosterone levels. Per drugs.com, Levitra is for erectile dysfunction. Clinical documentation submitted for review failed to provide documentation of the efficacy of the medication. There was no submitted documentation with subjective complaints or an objective physical examination to support the request. Given the above, the request for prospective request for 30 tablets of Levitra 20mg between 8/30/2013 and 10/14/2013 is not medically necessary.

**1 Dendracin Lotion 120ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 105, 111.

**Decision rationale:** California Medical Treatment Utilization Section (MTUS) Guidelines do not specifically address Dendracin. However, per the online drug insert, Dendracin includes Methyl Salicylate, Benzocaine and menthol and it is used for: Temporary relief of minor aches and pains caused by arthritis, simple backache, and strains. Per California MTUS, Topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no submitted documentation with subjective complaints or an objective physical examination to support the request. The clinical documentation submitted for review failed to provide documentation of a trial of antidepressant and anticonvulsant. Additionally, it failed to provide the necessity for the requested medication as there was a lack of a physical examination to accompany the request. Given the above, the request for prospective request for 1 Dendracin Lotion 120ml between 8/30/2013 and 10/14/2013 is not medically necessary.