

Case Number:	CM13-0030736		
Date Assigned:	11/27/2013	Date of Injury:	07/02/1997
Decision Date:	02/04/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/30/2013

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 Emergency Medicine, 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 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's date of injury was 7/2/1997, while lifting a bucket at work. The patient has a diagnosis of cervical disc degeneration, cervalgia, brachial neuritis/radiculitis, reflex sympathetic dystrophy/complex regional pain syndrome(CRPS) of upper limb with pain and other non-specified pain related diagnoses. The patient has reportedly had 4 surgeries to the ulnar and radial nerve on the affected limb, physical therapy and injections. Multiple reports from primary treating physician [REDACTED] (Pain Management) were reviewed with last report on 10/10/13 available. The patient reportedly complains of bilateral upper extremity numbness, tingling and pain. The report states that the patient's CRPS presents with upper extremity pain and headaches. It also reports increasing weakness of the affected hand. The pain rating is 10/10 without and 8/10 with medications. Medications have improved activity of daily living with no noted side effects. Dolgic is causing nausea and GI upset. Objective exam reports mild limited range of motion(ROM) of cervical spine, normal back exam. Noted decreased strength in bilateral upper extremities with decreased sensation along bilateral C5, C6 and C7 distribution. There is noted hyperalgesia and allydonia and decreased deep tendon reflexes bilaterally. The patient has a weak grip bilaterally and reportedly is dropping objects. The patient has pending requests for MRI of brain and stellate ganglion block. The patient has a history of hyperlipidemia, tuberculosis, depression, chronic back pains, psychiatric illness and anemia. There is a reported allergy to phenergan, imitrex and nabumetone. The patient is on Xodol 10-300 every 12hours as needed, Dolgic plus 50-750-40 every 4-6hours as needed, gabapentin, omeprazole, senokot, Gralise and simvastatin. The patient has a pain contract and regular urine drug testing has been appropriate. This review request is for Dolgic Plus 50-750-40mg and Xodol

IMR ISSUES, DECISIONS AND RATIONALES

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

Dolgic Plus 50-750-40 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing Analgesic Agents (BCAs) Page(s): 23,11.

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

Decision rationale: Dolgic is a combination medication containing acetaminophen, butalbital and caffeine. Acetaminophen is a Non-steroidal anti-inflammatory drug (NSAID), butalbital is a barbiturate sedative and caffeine is a stimulant. Acetaminophen is an NSAID and as per MTUS guideline is recommended. Caffeine is not specified in the MTUS. Butalbital is a barbiturate and MTUS guidelines specifically indicate that it is not recommended for chronic pain due to risk of dependency and high risk of rebound headaches. Prior review on 9/6/13 recommended tapering the dolgic due to non-recommendation but review of 2 most recent records show continued prescription and use of the medication. Since butalbital is not recommended, dogic is not recommended due to significant risks and lack of evidence of efficacy.

Xodol 10-300 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,82-83.

Decision rationale: Xodol is a combination medication containing Hydrocodone and acetaminophen. Xodol is brand specific and is manufactured by [REDACTED]. Hydrocodone-acetaminophen is manufactured under multiple names and brands including generic and brand specific versions and doses. Hydrocodone is an opiate and as per MTUS guidelines, there are specific criteria for opiate use. It is recommended as second line treatment for neuropathic pain after failure of first line and conservative treatment. Chronic use requires documentation of the 4 A's (Analgesia, Activity of daily living, Adverse effects and Aberrant behavior). Documentation provided meets criteria for continued use of hydrocodone. Acetaminophen is recommended as per MTUS for chronic pain. Prior utilization review on 9/6/13 denied certification due to the prescription being brand specific with no documentation as to why it needed to be brand specific. Since then, it is noted that the treating provider is now writing for generic hydrocodone-acetaminophen prescriptions. Generic hydrocodone-acetaminophen is recommended but there is no indication for use of brand specific Xodol. The prescription for Xodol is not recommended.

