

<b>Case Number:</b>	CM13-0034698		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/02/2001
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Family Practice 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. 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 43-year-old female who reported a work-related injury on 06/02/2001, specific mechanism of injury not stated. The clinical notes evidence that the patient presented for treatment of the following diagnoses: a history of sacroiliac joint fusion, psychological diagnoses, internal medicine diagnoses, rheumatologic diagnoses and chronic pain syndrome. The clinical note dated 08/02/2013 reported that the patient was seen under the care of [REDACTED] for pain management. The provider documented that the patient complained of low back pain that radiated to the bilateral lower extremities as well as cervical spine pain that radiated to the bilateral upper extremities and headache. The patient reported her rate of pain at a 7/10 with medications and a 10/10 without medications. The patient reported total body pain. The provider documented that upon physical exam of the patient, range of motion of the lumbar spine revealed a moderate reduction secondary to pain. Spinal vertebral tenderness was noted to the lumbar spine at the L4-S1 levels. Lumbar myofascial tenderness was noted upon palpation, and range of motion of the cervical spine was moderately decreased secondary to pain. Spinal vertebral tenderness was noted to the cervical spine at the C4-7 level; cervical myofascial tenderness was noted upon palpation. Sensory exam and motor exam revealed no changes. The provider documented that the following medications had been prescribed: Fioricet 1 tab by mouth twice a day for headaches/pain, Xoten-C lotion 1 to 2 times daily times 30 days, ondansetron 4 mg 1 tab by mouth every 12 hours for 30 days, Senokot 1 to 2 tabs by mouth every 12 hours for 30 days, "apapcodone" 1 tab by mouth every 4 to 6 hours for 30 days, Neurontin 300 mg 1 tab by mouth 3 times a day for 30 days, Celebrex 200 mg 1 tab by mouth daily times 30 days and Nexium 40 mg 1 tab by mouth daily times 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50, #60: 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 Page(s): 23.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reported that the patient presented with multiple bodily injury pain complaints status post a work-related injury sustained in 2001. The provider documented that the patient utilizes Fioricet for complaints of headaches. However, the California MTUS indicates that barbiturate-containing analgesics are not recommended for chronic pain; the potential for drug dependence is high, and no evidence exists to show a clinically important enhancement of analgesic effects with BCAs to their barbiturate constituents. There is also a risk of medication overuse as well as rebound headaches. The clinical notes did not evidence the patient's duration of headaches, frequency of headaches or the efficacy of this medication specifically for the patient's headache complaints. Given the above, the request for Fioricet 50 #60 is neither medically necessary nor appropriate.

**Xoten-C lotion: 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 Analgesics Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical notes document that the patient presented with multiple bodily injury pain complaints status post a work-related injury sustained in 2001. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, a subsequent clinical note dated 09/27/2013 documented that the provider had discontinued the patient's utilization of this medication. Given the above, the request for Xoten-C lotion is neither medically necessary nor appropriate.

**Ondansetron 4mg #60: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review evidenced that the patient was to utilize Zofran 1 tab by mouth every 12 hours for 30 days. The California MTUS/ACOEM do not specifically address the requested medication; however, the ODG indicate that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. This medication is recommended for acute use as noted per FDA-approved indications. Therefore, given the above, the request for ondansetron 4 mg #60 is neither medically necessary nor appropriate.

**Apapcodone #180:** 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 Opioids Page(s): 78.

**Decision rationale:** The request for apapcodone #180 is not supported. The clinical documentation submitted for review reported that the patient was to utilize the requested medication 1 tab by mouth every 4 to 6 hours on the clinical note dated 08/02/2013. However, a followup clinical note dated 09/27/2013 documented that the provider had discontinued the patient's utilization of this medication. Furthermore, the California MTUS indicates, 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Therefore, given all of the above, the request for apapcodone #180 (#120 certified) is neither medically necessary nor appropriate.

**Nexium 40mg #60:** 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 Page(s): 68-69.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reported that the patient presented with multiple bodily injury pain complaints status post a work-related injury sustained over 12 years ago. The provider documented that the patient had internal medicine complications due to her long-term medication usage. However, the efficacy of the patient with utilizing this medication, Nexium 40 mg 1 tab by mouth twice a day, was not evidenced in the clinical notes reviewed. Without documentation reporting the patient's efficacy for her gastrointestinal complaints with use of this medication, the request for Nexium 40 mg #60 is neither medically necessary nor appropriate.

**Cyclobenzaprine 7.5mg #30: 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 Page(s): 41-42.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reported that the patient presented with multiple bodily injury pain complaints status post a work-related injury sustained over 12 years ago. The clinical notes documented that the patient has been utilizing the current medication regimen chronically in nature. The California MTUS indicates that cyclobenzaprine is recommended as an option using a short course of therapy. This medication is not indicated to be utilized for chronic pain. Given all of the above, the request for cyclobenzaprine 7.5 mg #30 is neither medically necessary nor appropriate.