

<b>Case Number:</b>	CM13-0036031		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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. 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 62-year-old female who reported a work-related injury on 06/28/2000. The patient presents for treatment of the following diagnoses: cervical radiculopathy, status post fusion of the cervical spine, lumbar radiculopathy, status post lumbar laminectomy, myoclonic cervical spasms, severe chronic cervical dystonia, status post tracheoesophageal fistula (TEF) repair, and status post esophageal repair. The clinical note dated 10/18/2013 reports the patient was seen under the care of [REDACTED] for pain medicine re-evaluation. The provider documents that the patient presents with continued complaints of low back pain that radiates to the bilateral lower extremities as well as cervical spine pain that radiates to the bilateral upper extremities. The provider documents the patient's pain level is decreased with an average rate of pain at 4/10 and 7/10 without medications. The provider documented the patient was observed to be in moderate distress upon physical exam. Range of motion of the lumbar spine was moderately reduced secondary to pain. Spinal vertebral tenderness was noted in the lumbar spine at L4 to S1 as well as cervical spine at C4 to C7. The provider documented no changes in regards to motor and sensory exam. The provider documented that the patient presents with complaints of gastrointestinal (GI) upset due to medication usage. The provider administered prescriptions for the following medications, pantoprazole 20 mg 1 tab by mouth twice a day, Senna docusate 1 tab by mouth 3 times a day, hydrocodone/APAP 10/325 mg 1 tab by mouth every 6 hours, Fioricet 1 tab by mouth twice a day as needed, Fentanyl 25 mcg 1 transdermal patch every 72 hours, and tizanidine 1 tab by mouth 4 times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole 20mg, twice per day #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The current request is not supported. The provider documents that the patient presents status post a work-related injury sustained over 13 years ago with complaints of gastrointestinal upset secondary to medication. It is unclear how long the patient has utilized pantoprazole and the efficacy of treatment for the patient's gastrointestinal complaints. The California MTUS does support utilization of proton pump inhibitors for patients who present with complaints of gastrointestinal side effects. However, without documentation evidencing the patient's reports of efficacy with utilization of this medication for her gastrointestinal complaints, the request for Pantoprazole 20 mg, twice per day #60 is not medically necessary or appropriate.

**Fioricet 50-325mg, twice per day #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS indicates that barbiturates containing analgesic agents are not recommended for chronic pain. The potential of drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturates containing analgesic agents due to the barbiturate constituents. The patient utilizes Fioricet in addition to Fentanyl and Norco 10/325. The provider documents the patient's rate of pain is decreased at a 4/10 with medications and increased without medications at a 7/10. However, the guidelines do not support chronic utilization of the requested medication. There is also a lack of documentation evidencing the patient's duration of use of this medication. Given all of the above, the request for Fioricet 50-325mg, twice per day #60 is not medically necessary or appropriate.