

<b>Case Number:</b>	CM13-0038353		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 and Rehabilitation 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 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:

The patient is a 58-year-old male who reported an injury on 03/01/2009. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to his bilateral wrists, right elbow, and right hand. The patient was evaluated on 08/23/2013 and it was noted that the patient had right elbow tenderness with range of motion described as 0 degrees to 125 degrees. Examination of the bilateral wrists determined that there was tenderness and effusion with dorsiflexion described as 50 degrees and volar flexion at 50 degrees. Evaluation of the right hand determined that there was palpable tenderness over the index finger and thumb. The patient's treatment history included surgical intervention, physical therapy, injection therapy, and multiple medications. The patient's diagnoses included synovitis and tenosynovitis, tennis elbow, and carpal tunnel syndrome. It was noted that the patient had recurrent migraine headaches. This was treated with Imitrex. The patient's treatment plan also included a topical analgesic, and referral to a psychologist and internal medicine specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIORICET (BUTALBITAL/APAP) #60 1 Q 6HRS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Fioricet: Barbiturate-Containing Analgesic Agents, (BCA).

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

**Decision rationale:** The requested Fioricet is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of this type of medication for the management of chronic pain due to a significant risk of medication overuse and rebound headaches. Additionally, the patient's most recent clinical evaluation does not provide any evidence of significant functional benefit or pain relief resulting from the use of this medication. There are no exceptional factors noted to extend treatment beyond guideline recommendations. As such, the requested Fioricet #60, one every 6 hours is not medically necessary or appropriate.

**FLURBIPROFEN 30 GRAM 25 % TOPICAL CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** The requested flurbiprofen 30 grams, 25% topical cream is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of flurbiprofen as a topical analgesic when the patients cannot tolerate oral formulations of non-steroidal anti-inflammatory drugs. The clinical documentation submitted for review does not provide any evidence that the patient's condition contraindicates the use of oral formulations or that the patient cannot tolerate oral formulations of non-steroidal anti-inflammatory drugs. Additionally, California Medical Treatment Utilization Schedule does not support the long-term use of topical non-steroidal anti-inflammatory drugs. The request as it is written does not clearly identify duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested flurbiprofen 30 grams, 25% topical cream is not medically necessary or appropriate

**IMITREX:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Head Chapter, (updated 6/4/2013), Triptans.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

**Decision rationale:** The requested Imitrex is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address the use of triptans for migraine headaches. Official Disability Guidelines recommend the use of triptans for migraine headaches. However, clinical documentation indicates that the patient has been on this medication since at least 04/2013. California Medical Treatment Utilization Schedule recommends the use of

medications in the management of chronic pain be supported by documentation of functional benefit and pain relief. The clinical documentation submitted for review does not provide any evidence that the patient has had a significant response to this medication. Therefore, continued use would not be supported. Additionally, the request as it is written does not provide a duration or frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Imitrex is not medically necessary or appropriate.