

Case Number:	CM13-0044874		
Date Assigned:	12/27/2013	Date of Injury:	06/14/2003
Decision Date:	03/19/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 Occupational Medicine, Family Medicine, Osteopathic Manipulation, Chiropractic Manipulation, and Pain Management 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 39 year old male with a date of injury of June 14, 2003. He is being treated for a diagnosis of cervical disc bulge, cervical disc disease, lumbar disc disease, and lumbar disc herniation. Treatment to date has consisted of medications and physical therapy. He is 10 years post injury and remains temporarily totally disabled. Progress report dated September 30, 2013 states he complained of cervical spine, left shoulder, and back pain. He has been taking Soma, Fioricet, Motrin, and has been using Bio-Therm topical cream and reports improvement in pain levels from 8/10 to 4/10 after taking his medications. Examination revealed cervical and lumbar tenderness and hypertonicity. Motor strength in the lower extremities was 5/5. Sensation was normal and deep tendon reflexes in the lower extremities were 2+ bilaterally. The report also states that the patient continues to see pain management and has an upcoming appointment. He was given a refill of his medications to include Motrin, Norco, Soma, and capsaicin based Bio-Therm topical cream, as well as Fioricet to address his headaches. Medication that has been dispensed includes Motrin, Soma, Fioricet (Butalbital/APAP with caffeine 50/325/40 mg) #50, 1-2 tablets every 4-6 hours, Bio-Therm (Methyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%), and Norco 10/325 mg, #120, 1-2 tablets every six hours (max 5 per day).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet: 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) Pain Chapter Procedure Summary Acetaminophen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet, Barbiturate-containing analgesic agents (BCAs) Page(s): 23 and 47.

Decision rationale: The patient has been given this medication for headaches. When one looks at the CA MTUS guidelines under Fioricet, it is noted to see Barbiturate-containing analgesic agents (BCAs). The CA MTUS guidelines under Barbiturate-containing analgesic agents, note that BCAs 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 efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headaches. (Friedman, 1987). The patient is also being prescribed Norco in addition to Fioricet. These medications both contain acetaminophen, and the total amount of APAP with these two medications is equivalent to 2600 to 5850 mg APAP per day. According to ODG's recommendations on APAP, the recommended dose for mild to moderate pain is 650 to 1000 mg orally every 6 hours with a maximum of 3 g/day. In a patient with 4/10 pain, the lowest amount of acetaminophen should be used. Furthermore, as noted in ODG, an FDA advisory committee had recommended new restrictions on acetaminophen, to avoid the potential toxicity that can cause liver failure and even death. The medical records do not clarify the type of headache this patient has been presented with. As per the drug manufacturer, Novartis, Fioricet is a pain reliever indicated for the treatment of tension headaches. Given these reasons and factors, the request for Fioricet is not medically necessary.

Bio-Therm topical cream: 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 Salicylate topicals Page(s): 104.

Decision rationale: According to the CA MTUS guidelines, 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. The medical records do not establish attempts and failure at such. Furthermore, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that the patient has not responded or is intolerant to other treatments. The CA MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that the patient is unable to tolerate oral medications as he is being prescribed multiple oral medications. Given these reasons and factors, the request for Bio-Therm is not medically necessary.

