

<b>Case Number:</b>	CM13-0048111		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/08/2001
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 42 year old female who was injured on 10/8/2001. The diagnoses listed are left shoulder pain, headache, neck pain and status post cervical fusion. [REDACTED] is treating the patient for severe depression. On 5/23/2013 the patient presented to the clinic complaining of insomnia, forgetfulness, lack of concentration and crying. There was no decrease in pain or increase in ADL. The patient had completed physical therapy and acupuncture treatment. The MRI showed degenerative changes in the cervical spine, cervical fusion and disc bulges. [REDACTED] noted on 10/31/2013 that the patient had decrease in pain and increase in function following cervical epidural steroid injection. The medications are listed as Lorcet, Percocet and Fioricet for pain, zolpidem for insomnia and Xanax for anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIORICET #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesic Agents (BCAS).

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

**Decision rationale:** The CA MTUS does not recommend the use of barbiturate containing medications in the management of chronic pain. The patient have a co-existing complaint of chronic headache which is responsive to Fioricet. The records indicate that the pain is poorly controlled. The patient was crying, forgetful and complaining of insomnia and inability to concentrate. The record does not show that the patient have failed treatment with anticonvulsant and antidepressant medications. The chronic use of barbiturate containing medications is associated with physical dependency and addiction. Therefore, the medical necessity of Fioricet is not established.

**HYDROCODONE/APAP 10/325MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The CA MTUS addressed the use of opioid in the treatment of pain. Opioids can be indicated in the short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is not responsive to standard NSAIDs, physical therapy and exercise. This patient is still complaining of severe pain, insomnia, anxiety and depression despite chronic opioid treatment. There is no increase in ADL or functional restoration through use of opioids. There is also no documentation of failed treatment with anticonvulsant and antidepressant medications. Therefore, the request is not medically necessary.