MAXIMUS Federal Services

Case Number:	CM13-0058067		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2013
Decision Date:	03/27/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Calilfornia. 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 46-year-old female who was injured on 05/03/2012 when she struck from behind by large boxes of frozen bread which fell off of a rack. The patient fell to the flood injuring her right side. She experienced pain in her neck, right shoulder, back and right leg. Treatment history included six sessions of physical therapy twice weekly, x-rays, heat, and medications. Medications included Ultram, Bio-Therm cream, and Motrin. Drug verification test performed 06/13/2013 revealed no medications were detected. MRI shoulder RT WO revealed mild supraspinatus tendinosis with bursal surface edema and minimal fraying. There was no evidence of tear; possibly developing SLAP lesion. There was fraying of the posterior aspect the biceps anchor. No completed SLAP lesion was seen. MRI spine lumbar WO performed 07/22/2013 revealed a 6 mm spondylolytic spondylolisthesis of L5 on S1. There was moderate right and mild left foraminal narrowing and there was central bulging of the disc leading to mild effacement of thecal sac without central stenosis. No acute fracture identified. No evidence for central or foraminal stenosis at the other levels.MRI spine cervical WO performed 09/14/2013 revealed at C5-6, there was mild narrowing of the central canal with mild bilateral foraminal narrowing secondary to uncovertebral and facet degeneration. There was very mild disk degeneration at C4-5 and C6-7 with minimal narrowing of the central canal. A physical therapy/rehab note dated 10/16/2013 revealed that patient felt better with treatment but pain returned soon after. A clinic note dated 10/24/2013 documented the patient to have complaints of pain affecting the cervical spine radiating into the right upper extremity, having pain in the lumbar spine radiating into the right lower extremity and right shoulder. Objective findings on exam included tenderness to palpation of the cervical spine. She had full range of motion with flexion, extension, and bilateral rotation. Neurovascular status was intact distally. There were no gross motor deficits or sensory deficits for either upper extremity. Examination of the right

shoulder revealed tenderness to palpation. She had active full range of motion in all planes. Neurovascular status was intact distally. She had tenderness to palpation of the lumbar spine. Flexion 70 degrees, there was full active range of motion for extension, and bilateral rotation was limited secondary to pain. Neurovascular status was intact distally. Bilateral sitting straight-leg-raise test was positive in right lower extremity and negative in the left lower extremity. A physical therapy rehab note dated 11/01/2013 documented the patient stating she had no pain after therapy but the pain returned the next day at work. The patient was diagnosed with acute cervical strain rule out disc herniation, grade III spondylolisthesis at L4-S1, aggravated by industrial accident on May 3, 2013, and right shoulder rotator cuff syndrome, rule out rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet (butalbital/APAP with caffeine 50/32540mg) tablets #30, take 1-2 tablets by mouth every 6 hours as needed for headache: Upheld

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

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

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, Fioricet is a barbiturate-containing analgesics and not recommended for chronic pain. Barbiturates have a very high drug dependence rate and there are no clinical studies to show their analgesic efficacy. This patient is having chronic pain in neck and back and reported frequent headaches related to the cervical spine. However, after reviewing records there is no documentation of trial of first-line agents for treatment of headaches or any specific type of headaches. Thus, the request for Fioricet #30, 1-2 tablets every 6 hours as needed is non-certified.