

<b>Case Number:</b>	CM13-0067863		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/27/1999
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Internal Medicine 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 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 an employee of [REDACTED] and has submitted a claim for brain injury and paraplegia associated with an industrial injury date of March 27, 1999. Treatment to date has included oral analgesics and sedative-hypnotics. Utilization review dated October 23, 2013 denied the requests for Norco 10/325mg 1 PO q6hrs prn #120 due to prolonged use and no evidence of measurable analgesic benefit (VAS scores) nor functional/vocational benefit with ongoing use; Fioricet PO q8hrs #90 because it is not recommended for chronic pain, and there is a high potential for drug dependence; and Lunesta 2mg 1 PO qhs #30 because there was no evidence of failure of behavioral interventions. Medical records from 2013 were reviewed and showed chronic neck pain and migraine headache which worsens with lack of sleep. Pain level with medication is 3-4/10 while 7/10 if without. Physical examination showed limitation of motion of the neck at end ranges. The patient takes Lunesta 2mg for insomnia which allows her to decrease pain medication use; and Fioricet 2-4 daily for migraine. There was previously taking Vicodin as far back as December 2012 and subsequently switched to Norco 10/325mg on October 2013. However due to unspecified subjective complaints with Norco, the patient was weaned off Norco and reverted back to Vicodin on November 6, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG 1 PO QHR PRN #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has just been weaned off from Norco on October 2013 due to unspecified subjective complaints with its use. However, it was noted on a progress report on November 14, 2013 that there was more pain relief with Norco hence it was again prescribed. It was not clear whether the patient had adverse effects from Norco use. Furthermore, there was no documentation of measurable analgesic benefit or functional improvements with ongoing use. In addition, the frequency of Norco in this request is not recommended. Therefore, the request for Norco 10/325mg 1PO q6hrs prn #60 is not medically necessary.

**FIORICET 1 PO Q8HRS #90:** Upheld

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

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

**Decision rationale:** As stated on page 23 Of the California MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesic agents such as Fioricet (butalbital, acetaminophen, and caffeine) is not recommended for chronic pain. There is no clinical evidence concerning the analgesic efficacy of barbiturate-containing analgesics. In this case, the patient has been taking Fioricet as far back as November 2012 however there had been no documentation concerning functional improvements derived from this medication specifically. Fioricet is not recommended for chronic pain. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Fioricet 1 PO q8hrs #90 is not medically necessary.

**LUNESTA 2MG #30 ONE PO QHS:** 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) Mental Health And Stress Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Insomnia treatment was used instead. ODG states that Lunesta is a first-line medication for insomnia with potential for abuse and dependency. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the patient has been taking Lunesta as far back as November 2012 however there was no discussion concerning the patient's sleep hygiene. Prolonged use is not recommended due to high risk of abuse and dependence. Therefore, the request for Lunesta 2mg #30 1 PO qhs is not medically necessary.