

<b>Case Number:</b>	CM14-0165262		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 21, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; interventional spine procedures involving the cervical spine; and muscle relaxants. In a Utilization Review Report dated September 16, 2014, the claims administrator failed to approve request for Compazine, Norco, and Fioricet. It appeared, based on the reported rationale, that the claims administrator was partially approving Compazine. The applicant's attorney subsequently appealed. In a March 18, 2014 progress note, the applicant reported ongoing issues with chronic pain, neck pain, mid back pain, low back pain, and vertigo. The applicant's medications included tramadol, Zanaflex, and Motrin, it was acknowledged. 7 to 9/10 pain was noted. The applicant was reportedly worsened. The applicant was described as "disabled" in one section of the report and "working part time" in another section of the report. The applicant was anxious and frustrated. The applicant was placed off of, on total temporary disability while interventional spine procedure was sought. The applicant was to continue tramadol, continue ibuprofen, and begin Elavil. The applicant was asked to stop Zanaflex. On September 15, 2014, the applicant underwent cervical radiofrequency ablation procedures. In a September 3, 2014 progress note, the applicant reported ongoing complaints of headaches, neck pain, vertigo, and nausea. The applicant's medications included tramadol, Zanaflex, Motrin, and Fioricet, it was acknowledged. 7 to 8/10 pain was noted. The applicant was apparently using Fioricet for headaches and did report nausea and vertigo associated with some of her migraine-type headaches. Multiple medications, including tramadol, Zanaflex, Motrin, and Fioricet were filled. Compazine was apparently started. Norco was also

started. It was stated that 30 tablets of Norco were being sought for anticipate post-procedure pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Compazine 5mg TID #15: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians (AAFP), Management of the Acute Migraine Headache article.

**Decision rationale:** The MTUS does not address the topic. However, as noted by the American Academy of Family Physicians (AAFP), Compazine can "effectively relieve" headache pain. The applicant is apparently having ongoing issues with migraine headaches. Multiple agents have seemingly been tried and failed. Introduction of Compazine was indicated on or around the date in question. Therefore, the request was medically necessary.

#### **Norco 10/325 #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** The request in question, as with the request for Compazine, is a first time for Norco. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, short acting opioids such as Norco are indicated in the treatment of moderate-to-moderately severe pain. In this case, the attending provider posited that the applicant could reasonably or plausibly be expected to have some postprocedure pain at the moderate-to-severe level following the planned cervical radiofrequency ablation procedure. A 30-tablet supply of Norco was indicated to combat the same. Therefore, the request was medically necessary.

#### **Floriset 50/325 40mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agent. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

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

**Decision rationale:** As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are "not recommended for chronic pain," as is present here. In this case, the applicant has already received and has been using Fioricet for some time, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Fioricet. The applicant remains off of work, on total temporary disability. Ongoing usage of Fioricet has failed to curtail the applicant's dependence on other medications such as tramadol and Zanaflex. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.