

Case Number:	CM14-0030896		
Date Assigned:	06/20/2014	Date of Injury:	08/29/2003
Decision Date:	07/23/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 67 year old male who sustained an injury on 08/29/03. No specific mechanism of injury was noted. Rather, this appeared to have been a cumulative trauma type injury that occurred over time. The injured worker is noted to have had a prior cervical surgery performed in 2005 with ongoing chronic complaints of pain in the cervical region. Prior medication use has included anti-inflammatories and narcotic analgesics. The injured worker was recommended for additional cervical decompression and fusion in 2006. The injured worker was also noted to have had electrodiagnostic evidence of an S1 radiculopathy. The injured worker continually was followed for chronic complaints of neck pain radiating to the upper extremities, left worse than right with associated numbness and tingling. The injured worker was also being followed for occipital type headaches radiating over to the forehead which worsened periodically. The injured worker is reported to have developed a large postoperative pseudomeningocele with mass effect of the cervical spinal cord with associated myelomalacia. Medications included Oxycodone, Prilosec, and Robaxin. There were recommendations for further evaluation by neurosurgeons. The injured worker is noted to have had minimal benefits from the use of either Norco or Oxycodone. The injured worker also described some side effects to include itching and auditory hallucinations with the use of Oxycodone. The injured worker was changed to Norco 10/325mg three times daily in September of 2013. As of 01/22/14, the injured worker was utilizing Oxycodone IR 15mg three times daily, Norco 10/325mg three times daily, Celebrex 200mg daily, and Butalbital 1mg twice daily for occipital type headaches. The clinical report on 04/03/14 noted that the injured worker had received recent radiofrequency ablation procedures to the right from C3 to C7 which provided approximately 50% improvement of symptoms over a nine month period. These procedures were performed in April of 2012. The injured worker was recommended to repeat this procedure. The injured worker continued to

describe cervicogenic type headaches and migraines with frequent muscular spasms. Physical examination noted limited range of motion in the cervical spine. No Lhermitte's or Spurling's signs were noted. There was also loss of range of motion in the lumbar spine. The injured worker was recommended to continue with medications to include Norco and Fiorinal. The request for Butalbital 1mg, quantity 60 and Norco 10/325mg, quantity 90 were both denied by utilization review on 02/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Barbiturate Containing Analgesics.

Decision rationale: In regards to the request for Butalbital 1mg, quantity 60, this medication was being prescribed to the injured worker to address ongoing cervicogenic type headaches. Per Official Disability Guidelines, barbiturate containing analgesics are not recommended due to the lack of efficacy in the clinical literature regarding long term benefits obtained with this type of medication. There are also noted concerns regarding addiction and abuse of the medication. The clinical documentation submitted for review did not clearly identify any substantial benefits obtained with the ongoing use of Butalbital to have warranted its continued prescriptions as of February of 2014. Given the lack of clinical documentation regarding the efficacy of this medication, this reviewer would not have recommended this request as medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The patient has been utilizing this medication over an extended period of time. Per Chronic Pain Medical Treatment Guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement

obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, this reviewer would not have recommended this request as medically necessary based on Chronic Pain Medical Treatment Guidelines.