

Case Number:	CM14-0043851		
Date Assigned:	07/02/2014	Date of Injury:	05/15/1995
Decision Date:	08/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 injured worker is a 55-year-old female who reported an injury on 05/15/1995 due to slip and fall. The injured worker's diagnoses were cervical strain with cervical syrinx, cervicogenic headaches, chronic pain syndrome, bilateral temporomandibular joint syndrome, and history of lumbar pain. The injured worker's past treatments included physical therapy and chiropractic manipulation, trigger point injections for flare up of chronic headaches, and the use of Thera Cane at home for home rehab. The injured worker's prior diagnostics include x-ray of the cervical spine dated 09/01/1999, x-ray of the thoracic spine dated 09/01/1999, x-ray of the lumbar spine, electrodiagnostic exam dated 11/03/1999, and an MRI scan of the cervical spine on 12/13/2000. The injured worker complained of right sided headache pressing pain that started on the right side of the neck like a migraine. She also complained that her headaches increased with changes in medication. The injured worker rated the pain at a 6/10 with activity levels affecting the pain rating. The injured worker stated that she gets significant relief with the Nucynta. On physical examination dated 02/11/2014, there was stiffness and tenderness in the bilateral C1 through C4, muscle spasms in the bilateral suboccipital trapezius posterior cervical muscles. The injured worker's medications were Nucynta 50 mg and Fiorinal. The provider's treatment plan was for Nucynta, Fiorinal, and the request for trial of Phenobarbital 30 mg. The rationale for the request was not submitted with documentation. The authorization form dated 02/25/2014 was provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Phenobarbital 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.drugs.com/pro/phenobarbital.htm>Phenobarbital Indication and Usage.

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

Decision rationale: The request for Trial of Phenobarbital 30mg is non-certified. According to the California MTUS, barbiturates containing analgesic agents are not recommended for chronic pain. The potential of drug dependence is high and no evidence exists to show how a clinically important enhancement of analgesic efficacy of a barbiturate containing agent due to the barbiturate constituents. The injured worker was complaining of severe headaches on the right side of her head which have been diagnosed as cervicogenic headaches. There is a risk of medication overuse as well as rebound headaches. According to guideline barbiturate-containing analgesics are not recommended for chronic pain. The request is not medically necessary.