MAXIMUS Federal Services

Case Number:	CM14-0045707		
Date Assigned:	07/02/2014	Date of Injury:	05/15/1998
Decision Date:	11/07/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 suffered his injury on 5/15/98.The records reviewed had 3 hand written PR2's from the primary treating doctor. On 10/31/13 we note that the patient was seen for lumbar pain and post lumbar puncture pain. He was treated with Norco, Fiorinal, and Ambien. Also on 2/27/14 he was noted to have back pain and was treated with Norco, Ambien, and Fioricet. His diagnoses were mechanical back pain and post lumbar puncture headache. We note that the M.D. desired to treat with Norco 10/325 2 tabs q4 hours. The UR denied request for all 3 meds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines med section Page(s): 75, 91.

Decision rationale: Norco is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are

circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching.In general, opioid effectiveness is noted to be augmented with 1- education as to its benefits and limitations,2- the employment of non-opioid treatments such as relaxation techniques and mindfulness techniques,3- the establishment of realistic goals, and 4- encouragement of self-regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However , the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done.In the above patient, we note no attempt to treat with other modalities to decrease the Norco dose and we don't see the assessment of possible aggravation of pain by depression being assessed. Also, almost the total limiting dose of 4 grams of Tylenol is being given on a chronic basis. Therefore, the UR was justified in denying the use of Norco.

Ambien CR 12.5mg (unknown quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Medical Review (www.uptodate.com)

Decision rationale: Ambien is a medicine used to treat insomnia. The literature states that medications should be a last resort for insomnia and should be used as short a duration of time as possible and in as low a dose as possible. Initial treatment should be treatment of general medical and psychological issues that could be causing the insomnia and instruction in general sleep hygiene and behavior modification in order to treat this condition. The next step if the above is not successful would be the use of cognitive behavioral therapy. Only if all the above measures are unsuccessful should sleep meds be utilized and again for the shortest time period possible and in the smallest doses possible. It is noted that Ambien could have side effects such as HBP, palpitations, anxiety, muscle cramps and back pain. In the above patient the M.D. makes no mention of education techniques or counseling to treat the insomnia or an attempt to seek other possible causes of the insomnia such as depression. We find that the patient is on a chronic high dose of Ambien. At this point another alternative sleep med with less side effects should be sought. The UR was justified in not authorizing the use of this medicine. The request is not medically necessary.

Fiorinal (unknown dosage & quantity): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Review of Tension Headaches by Fred Taylor and review of Fiorinal (www.uptodate.com)

Decision rationale: Fiorinal is used to treat tension headaches and is a combination of Butalbital, Caffeine, and ASA. It can cause such side effects as confusion, depression, anxiety, headache, insomnia, rash, emesis, constipation, and weakness. It is not recommended for treatment of tension headaches by the Up to date review It is noted that the use of Butalbital is associated with the risk of developing tolerance, dependency, toxicity, and overuse headache. Initial treatment should be with either NSAID's or Acetaminophen. If severe headache is noted it can be treated acutely with Ketorolac. If the headaches are still resistant a combination of ASA 250 mg, Acetaminophen 250 mg, and Caffeine 65 mg taken as 2 pills at once is often effective. It is stated that overuse headaches should be avoided by limiting meds to no more than 9 days a month and no more than 2 doses per treating day. Therefore, in this patient the UR committee was justified in not authorizing the use of Fiorinal. The request is not medically necessary.