

<b>Case Number:</b>	CM14-0050192		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 neck pain, thumb pain, posttraumatic headaches, dizziness, and low back pain reportedly associated with an industrial injury of March 18, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review report dated March 18, 2014, the claims administrator approved a request for Norco, Duragesic, and MiraLax. The claims administrator modified a request for chiropractic vestibular rehabilitation as six sessions of standard physical therapy vestibular rehabilitation. The claims administrator cited non-MTUS ODG guidelines to deny the request for Fioricet, it is incidentally noted, although the MTUS did address the topic. The applicant's attorney subsequently appealed. In a progress note dated February 5, 2013, the applicant was described as having persistent complaints of headaches, wrist pain, neck pain, and low back pain, reportedly intense. The applicant was using Lidoderm, Paxil, Wellbutrin, Zanaflex, Protonix, Ativan, Ambien, Duragesic, Fioricet, MiraLax, Percocet, and Robaxin, it was acknowledged, now. The applicant received multiple medication refills and was placed off work, on total temporary disability. In a March 10, 2014 progress note, the applicant reported persistent complaints of neck pain, thumb pain, and headaches. The applicant continues to use numerous opioids, it was acknowledged. The applicant's medication list included Vistaril, Zofran, MiraLax, Fioricet, Paxil, Wellbutrin, Protonix, Lidoderm, and Fentanyl, it was acknowledged. The applicant was apparently nauseous in the office setting. Authorization was sought for epidural steroid injection therapy. The applicant was placed off work, on total temporary disability. It was stated that the applicant should employ vestibular rehabilitation therapy through a chiropractor. The applicant was off work, it was acknowledged, in an earlier note dated February 13, 2014. Authorization was seemingly sought for a multidisciplinary pain program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chiropractic; six (6) visits for rehabilitation of vestibule {sic} auricular dysfunction:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation. Decision based on Non-MTUS Citation <http://link.springer.com/article/10.1186/2045-709X-19-21#> Chiropractic & Manual Therapies Official Disability Guidelines Head Chapter- Vestibular PT rehabilitation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Vestibular Rehabilitation article.

**Decision rationale:** The MTUS does not address the topic of vestibular rehabilitation. However, as noted by Medscape, vestibular rehabilitation comprises of stimulation exercises, ocular motor exercises, habituation exercises, balance exercises, gait exercises, electro tactile stimulation, computer-aided rehabilitation and/or aquatic physiotherapy. Medscape does not establish an explicit role for chiropractic manipulation in the treatment of vestibular dysfunction/dizziness. The attending provider, furthermore, did not furnish any information which would augment the request for authorization and/or state why non-standard chiropractic manipulative therapy was being employed to treat the applicant's issues with dizziness. Therefore, the request is not medically necessary.

**Fioricet 50 mg.-325 mg. 40 mg. # 60:** 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), Pain Chapter, Barbiturate-containing analgesic agents (BCAs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 23, Barbiturate- Containing Analgesics topic.2. MTUS 9792.20f 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 indicated in the treatment of chronic pain, as is present here. In this case, the request in question represents a renewal request. The applicant has used Fioricet, despite unfavorable MTUS position on the same, for several months to several years. There has, however, been no demonstration of functional improvement as defined in MTUS 9792.20f through ongoing usage of Fioricet. The applicant remains off of work. The applicant remains highly reliant and highly dependent on numerous analgesic, adjuvant, psychotropic, and opioid agents, despite ongoing usage of Fioricet. All of the above, taken together, suggests a lack of functional improvement as defined in the MTUS Guidelines despite ongoing usage of Fioricet, a barbiturate-containing analgesic. Therefore, the request is not medically necessary.

**Vistaril 25 mg. # 200:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://daily.med.nlm.nih.gov/dailymed/lookup.cfm?atarax> (hydroxyzine hydrochloride)tablet.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402 do support usage of anxiolytic medications such as Vistaril for brief periods, in cases of overwhelming symptoms, in this case, the 200-capsule supply being proposed by the attending provider implies regular, chronic, and/or longstanding usage of Vistaril, a purpose for which it is not endorsed by ACOEM. Therefore, the request is not medically necessary.