

<b>Case Number:</b>	CM14-0055477		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 49 year old female who had a work related injury on 11/12/13. She tripped on a rug and she fell forward and twisted to the right, striking her right upper extremity and right frontal region of her head against a glass window. She did not lose consciousness but immediately experienced pain in the head and neck. She developed swelling involving the right side of her head within a short period of time, she developed pain involving the neck, right shoulder, low back, and right upper extremity, and right knee. The injured worker has been treated with chiropractic, physical therapy, acupuncture. The medications consist of Fioricet, Voltaren, and Norco 5/325mg. She has had a left knee injection which improved her pain. She has seen a psychiatrist to address her anxiety and depression. She had a neurologic consult for her closed head injury. Diagnoses are bilateral cervical radiculopathy, right greater than left; Cervicogenic headache; Traumatic brain injury with post-concussive symptoms; Lumbar spine strain; Left knee contusion; Insomnia; Stress, anxiety, and depression. On physical examination of the cervical spine there is no muscle guarding or muscle spasm. There is diffused tenderness to palpation about the cervical spine and upper trapezius, right greater than left. Spurling's test is negative. Flexion of the cervical spine is 25 degrees. Extension is 6 degrees. Left lateral bending is 19 degrees. Right lateral bending is 2 degrees. Left rotation is 24 degrees. Right rotation is 8 degrees. Reflexes are 2+ and symmetrical in the upper extremities. Thoracic range of motion is flexion to 7 degrees. Left rotation is 32 degrees and right rotation is 43 degrees. Lumbar examination shows the injured worker stands erect with normal posture. No evidence of scoliosis or increased thoracic kyphosis. Hip and pelvis are level. There is tenderness to palpation about the lumbar paravertebral muscles bilaterally. Gait is normal heel to toe. Walking on tip toes and heels does not reproduce pain. The injured worker can perform a full squat with a full recovery without complaints of pain. Flexion of

lumbar spine is 14 degrees. Extension is 5 degrees. Left lateral bending is 13 degrees. Right lateral bending is 16 degrees. Deep tendon reflexes are 2+ and symmetrical in the lower extremities. Sensation is intact to pin prick and light touch, and strength is normal and symmetrical in all major motor groups in the lower extremities. Examination of the knees there is no swelling, effusion or synovitis. There is no patella femoral pain or crepitation on range of motion. There is no medial or lateral joint line tenderness. There is no Baker's cyst. McMurray's and Apley's tests are negative. Anterior to posterior drawer, Lachman, and patellar grinding are negative bilaterally. Medial and lateral collateral ligaments are bilaterally intact to varus and valgus stress. Prior utilization review on 03/24/14 the Fioricet and the Voltaren were non-certified, Norco 5/325mg was modified from 60 to 30 for a weaning process.

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

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

#### **Fioricet # 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23, 43, 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs ) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Barbiturate-containing analgesic agents (BCAs).

**Decision rationale:** The request for Fioricet #30 is not medically necessary. Current evidence based guidelines do not support the request. Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. As such, medical necessity has not been established.

#### **Voltaren 100mg, # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (non-steroidal anti-inflammatory drugs) NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The request for Voltaren 100 mg # 60 is not medically necessary. Official Disability Guidelines states, Voltaren is not recommended as first line therapy due to an increased risk profile. A large systematic review of available evidence on non-steroidal anti-inflammatory drugs confirmed that diclofenac posed a risk of cardiovascular event to patients. Therefore medical necessity has not been established.

**Norco 5/325 mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid's.

**Decision rationale:** The request for Norco 5/325mg # 30 is not medically necessary. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no documentation of functional improvement, decrease pain. Prior utilization review on 03/24/14 modified the request to initiate weaning. Therefore, medical necessity has not been established.