

<b>Case Number:</b>	CM14-0070549		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/29/2005
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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:

This is a 52-year-old female with a date of injury 8/29/05. The mechanism of injury occurred when she tripped and fell at a bedside, injuring her right shoulder and left knee with neck pain. The patient is being treated for right shoulder pain. She has a history of seizures and breast, ovarian, and stomach cancer. She cannot take NSAIDs due to her stomach surgery. On 1/8/14, it was noted that she had Soma prescribed by another MD. She has a history of cancer and stated she has a RX for marijuana per the oncologist. She also stated the combination of her meds makes PCP come up positive on urine toxicology screens. She is also on Fentanyl patches, Norco, Lyrica and Fioricet. On 1/17/14, she is s/p right shoulder replacement. On 2/5/2014, Fentanyl was discontinued from non-use. On 4/2/14 it was noted that she takes 7 tablets per day of Norco for pain, down from 8 tablets per day. On 4/2/14 she complained of pain with restricted range of motion and tenderness, spam, and tightness in the paracervical muscles and trapezius bilaterally. Her activity level has increased, taking her medications as prescribed and states they are working well with no side effects. On exam the right shoulder had restricted range of motion. On palpation there was tenderness in the generalized anterior shoulder. The diagnostic impression is shoulder pain and extremity pain. Treatment to date: surgery, physical therapy, acupuncture therapy, TENS Unit, medication management, home exercise program. A UR decision dated 4/14/14 modified a request for Norco 10/325mg #210 to Norco 10/325mg #180, and denied the request for Fioricet 50/325/40mg #30. The guidelines stat that Norco is indicated for moderate to moderately severe pain and is recommended for 1 tablet every 4-6 hours as needed for pain. The patient has no adverse effects and has increased activity levels. Following the discussion with the provider on 4/14/14, the determination for Fioricet will remain unchanged and Norco is being weaned. He suggested 6 tablets per day, which is #180 per month, not #158, since the Fioricet is discontinued; he prefers to go slower with the Norco. As

weaning is recommended to discontinue opioid drugs and is indicated in this patient's case, based on the discussion with the provider, the request for one prescription of Norco 10/325mg #210 is modified to 1 prescription of Norco 10/325mg #180 for the purpose of weaning. The Fioricet was denied because guidelines do not recommend the use of Fioricet for chronic pain. A UR decision dated 3/26/14 modified a request for Fioricet in order to wean the patient. Given the previous modification, the guideline recommendations, and the discussion with the provider on 4/14/14 during which it was made clear that this medication was discontinued, the request for Fioricet was not medically necessary and appropriate.

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

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

**Norco 10/325mg #210:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient is status post (s/p) right shoulder replacement on 1/17/14, and Norco has been prescribed effectively in reducing her pain. Her pain level was decreased effectively with the prescribed use of Norco, and she has been able to perform daily activities and household chores with increased functionality. She was able to tolerate post-op physical therapy and home exercise program. The patient's response to Norco has been positive and she is able to actively participate in her recovery. It was also noted that her Norco usage has decrease to 7 tablets per day, down from 8 tablets per day. She is also noted to be a cancer patient and she is actively involved in her post-surgical therapy for her shoulder. Therefore, the request for Norco 10/325mg #210 was medically necessary.

**Fioricet 50-325-40mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation FDA Fioricet.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The FDA states that Fiorina is indicated for the relief of the symptom complex of tension (or muscle contraction) headache. However, guidelines do

not support the use of Fioricet for chronic pain. In addition, there is a potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of Fioricet due to the barbiturate components. Therefore, the request for Fioricet 50/325/40mg #30 was not medically necessary.