

<b>Case Number:</b>	CM14-0095549		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/28/1997
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 chronic low back pain, mid back pain, shoulder pain, neck pain, and migraine headaches reportedly associated with an industrial injury of September 28, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; various interventional spine procedures; trigger point injections; cervical epidural steroid injection therapy; earlier cervical discectomy and fusion surgery; left total knee arthroplasty; and knee viscosupplementation injection therapy. In a Utilization Review Report dated June 4, 2014, the claims administrator denied a request for MS Contin, oxycodone, Fioricet, Flexeril, and Rizatriptan. The applicant's attorney subsequently appealed. On July 14, 2014, the applicant reported persistent complaints of knee pain. The applicant was using Lunesta, Senna, Topamax, Flexeril, Verapamil, Wellbutrin, Celebrex, Neurontin, Fioricet, Rizatriptan, MS Contin, and oxycodone, it was acknowledged. The applicant's activity level was decreased. The applicant reported poor quality of sleep. The applicant was asked to pursue trigger point injection therapy. The applicant was asked to continue medications at current dosages. The applicant stated that Maxalt was taking away his severe migraine headaches. The attending provider stated that verapamil was reducing the frequency of migraine headaches. The applicant was reportedly using Fioricet on a p.r.n (as needed) basis for severe headaches, it was suggested. Lunesta was employed for sleep disturbance on the grounds that the applicant was getting six hours of sleep with the same versus one to two hours without Lunesta. The applicant stated that oxycodone and Maxalt were his most important medications. The applicant stated that he would not be able to perform activities of daily living without oxycodone. It was not clearly stated, however, what activities of daily living were specifically ameliorated. Ultimately, Maxalt, Flexeril, Morphine, Oxycodone, Fioricet, Verapamil, Senna, and Wellbutrin were all renewed. On June 15, 2014, the

applicant again reported heightened pain levels and increased neck pain. The applicant stated that he was trying to adjust to the new medication regimen. Trigger point injections, trial of increased MS Contin, reduced dosage of oxycodone, and other medications were sought. The applicant again stated that verapamil was diminishing his headaches and that p.r.n. usage of Fioricet was likewise diminishing headaches. Maxalt was likewise ameliorating the applicant's headaches. The applicant again stated that without oxycodone, he would not be able to do anything except lie down all day and eat. Lunesta was endorsed for sleep disturbance. The applicant's work status was not clearly stated, although it did not appear that the applicant was, in fact, working.

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

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

**MS Contin ER 30mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids ; Opioids for chronic Pain and Weaning of Medications Page(s): 41-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant has failed to return to work. While some of the attending provider's progress notes suggested that the applicant reported appropriate analgesia with ongoing medication consumption, other progress notes, conversely, stated that the applicant's pain complaints, including chronic neck pain complaints, were heightened, despite ongoing usage of MS Contin. The attending provider did not, furthermore, establish the presence of any tangible improvements in function achieved as a result of ongoing MS Contin usage. The attending provider's commentary that the applicant's ability to get up out of bed had been ameliorated with ongoing opioid usage appears to be of marginal to negligible benefit, one which is outweighed by the lack of any clear decrements in pain as well as the applicant's failure to return to any form of work. Therefore, the request of MS Contin ER 30mg, #90 is not medically necessary and appropriate.

**Oxycodone HCL 30mg, #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids for Chronic Pain; Weaning of Medications Page(s): 41-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant has seemingly failed to return to any form of work. The attending provider has failed to establish any consistent, tangible, quantifiable decrements in pain achieved as a result of ongoing oxycodone usage. The attending provider's commentary to the fact that the applicant would be unable to get out of bed without ongoing opioid usage appears to be of negligible to marginal benefit, one which is outweighed by the applicant's failure to return to work and lack of material improvements in function outlined as a result of ongoing oxycodone usage. Therefore, the request of Oxycodone HCL 30mg #150 is not medically necessary and appropriate.

**Flexeril 10mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Anti-Spasmodics Page(s): 64-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is, in fact, using a variety of opioid and non-opioid agents. Adding cyclobenzaprine (Flexeril) to the mix is not recommended. Therefore, the request of Flexeril 10mg, #120 is not medically necessary and appropriate.

**Fioricet 50/325mg/40, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fioricet.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing Analgesic Agents topic 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 recommended" in the chronic pain context reportedly present here, owing to risk of medication overuse as well as rebound headache. In this case, contrary to what was suggested by the attending provider, the applicant appears to be using Fioricet on a chronic, daily, and scheduled-use basis. The attending provider seemingly refilled 30 tablets of Fioricet for each of the past several months, implying that the applicant was, in fact, essentially using Fioricet on a daily basis. No rationale for continuation of the same in the face of the unfavorable MTUS position on long-term usage of barbiturate-containing analgesia was proffered by the attending provider. Therefore, the request of Fioricet 50/325mg/40 #30 is not medically necessary and appropriate.

**Rizatriptan 10mg, #18:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians (AAFP), Treatment of Acute Migraine Headache.

**Decision rationale:** The MTUS does not address the topic. The American Academy of Family Physicians (AAFP), however, notes that the three most effective agents for pain relief of migraine headaches were Rizatriptan, Relpax, and Almotriptan. In this case, in contrast to the other medications, the attending provider has established that usage of Maxalt is effective in aborting migraine headaches if and when they arise. Continuing the same, on balance, is therefore, indicated. Accordingly, the request Rizatriptan 10mg #18 is medically necessary and appropriate.