

Case Number:	CM14-0188548		
Date Assigned:	11/19/2014	Date of Injury:	11/21/2011
Decision Date:	01/07/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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:

Pursuant to the Follow-Up Pain Management Consultation and Request for Authorization dated September 11, 2014, the IW complains of neck pain, but reports that it is much improved following a recent cervical epidural injection on July 3, 2014. He still experiences at least 60% pain relief to his neck pain along with radicular symptoms to his lower extremities. The pain is rated 5/10. The IW has a diagnosis of cervical post-laminectomy syndrome, having undergone C6-C7 fusion in 1989 from a prior industrial injury that was exacerbated by the present industrial injury on November 21, 2011. Current medications include Norco 10/325mg, Prilosec 20mg, Neurontin 300mg, FexMid 7.5mg, Anaprox DS 550mg, Oxycontin 20mg, and Percocet 10/325mg. Objective physical findings revealed tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular and sub-occipital region. There are multiple trigger points and taut bands palpated throughout. Sensory examination to Wartenberg pinprick wheel is decreased along the posterior lateral arm and lateral forearm in the distribution of C5-C6, bilaterally. There is tenderness to palpation about the paravertebral musculature and sciatic notch region. The IW has a slight antalgic gait favoring the left lower extremity. The current working diagnoses include cervical myoligamentous injury with left upper extremity radiculopathy and associated cervicogenic headaches, status post C6-C7 fusion, 1989; lumbar myoligamentous injury with right-sided foraminal disc protrusion and right lower extremity radiculopathy, status post PLIF at L4-L5 and L5-S1, February 12, 2013; left shoulder impingement syndrome, status post arthroscopic decompression, February 6, 2011; reactionary anxiety/depression; and medication induced gastritis. The provider is requesting Norco 10/325mg #120, and Fioricet 50/325/40mg #120. The provider did not provide indication for the Fioricet in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40 #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Section, Fioricet

Decision rationale: Pursuant to the Official Disability Guidelines, Fioricet 50/325/40#60 is not medically necessary. Fioricet is a barbiturate containing analgesic (BCA). It is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCA's. In this case, a progress note dated September 11, 2014 indicates the injured worker is taking Norco, OxyContin and Percocet in addition to, Prilosec, Neurontin, Anaprox and Fexmid. The treating physician is now requesting Fioricet (BCA) an additional drug with high potential for drug dependence. The working diagnoses are cervical mild ligamentous injury with left upper extremity radiculopathy and associated cervicogenic headaches; lumbar mild ligamentous injury; left shoulder impingement syndrome and reactionary depression and anxiety. There is no clinical indication or rationale to explain why an additional medication with potential for drug dependence (Fioricet) would be prescribed in addition to concurrent use of 3 opiates: OxyContin, Norco and Percocet. Additionally, Fioricet is not indicated for chronic pain. Consequently, there is no clinical indication for Fioricet 50/325/40#60. Therefore this request is not medically necessary.

Norco 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, a review of the 36 page medical record disclosed a progress note on September 11, 2014 that indicate the injured worker was taking Norco in addition to OxyContin and Percocet and Fexmid (muscle relaxant). There is no clinical indication for taking three different opiates concurrently. There were no risk assessments in the

medical record to determine whether the injured worker is at low risk, intermediate or high risk for drug misuse or abuse in the face of three different opiates being taken concurrently. There is no documentation to support the concurrent use and no clinical rationale to support the current use. Consequently, Norco 10/325#60 is not medically necessary.