

Case Number:	CM15-0130019		
Date Assigned:	07/16/2015	Date of Injury:	06/19/2013
Decision Date:	09/10/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old female, who sustained an industrial injury on June 19, 2013. She reported headache, neck pain, bilateral shoulder pain, bilateral upper extremity pain and bilateral lower extremity pain after a coworker dropped equipment from a scaffold four foot above her head, striking her on the head and back resulting in complete loss of consciousness. The injured worker was diagnosed as having post-concussive syndrome, headaches, cervical sprain/strain, low back sprain/strain, bilateral shoulder sprain/strain, adjustment disorder and insomnia. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Currently, the injured worker complains of continued headache, neck pain, bilateral shoulder pain, bilateral upper extremity pain with associated numbness and tingling and bilateral lower extremity pain with associated numbness and tingling. She also reported sleep disruptions and a psych disorder secondary to pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Magnetic resonance imaging (MRI) of the brain on August 17, 2014, revealed cerebellar tonsillar ectopia, a Chiari malformation is not considered, minor hippocampal atrophy suggested, for which clinical correlation for memory is advised and otherwise normal. Evaluation on December 2, 2014, revealed continued pain as noted with associated symptoms. She rated her head pain at 5 on a 1-10 visual analog scale (VAS) scale with 10 being the worst, neck pain was rated at a 3 on a 1-10 scale and bilateral shoulder and upper extremity pain was rated at a 4 on a 1-10 scale. She reported her pain without medications was rated at a 6 on a 1-10 VAS scale and with medications at a 3/10 on a VAS

scale. Decreased range of motion was noted in the cervical spine, lumbar spine and shoulders. Norco and home exercises were continued. Evaluation on February 12, 2015, revealed continued pain as noted. She noted personality changes, depression and memory loss. Evaluation on March 19, 2015, revealed continued headaches with associated nausea, vomiting and photophobia. Evaluation on April 30, 2015, revealed continued pain as noted. Her head pain was rated at 6 on a 1-10 scale, neck and shoulder pain was rated at a 4 on a 1-10 scale and the bilateral lower extremities was rated at 4 on a 1-10 scale. Norco and Fioricet were continued. Evaluation on May 28, 2015, revealed continued pain as noted. She rated he head pain at 8 on a 1-10 scale and neck and upper extremity pain at 3-4 on a 1-10 scale. Bilateral shoulder pain was rated at 8 on a 1-10 scale with 10 being the worst. Norco 10/325 #60 and Fioricet 325/50/40mg #30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS guidelines Norco is a short-acting opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was noted in the documentation use of the prescribed short-acting opioid medication did not decrease the level of pain the injured worker reported. There was no noted functional improvement or improved pain from one visit to the next. The request for Norco 10/325 #60 is not medically necessary.

Fioricet 325/50/40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23, 47.

Decision rationale: According to the California (CA) MTUS Guidelines, Fioricet is a barbiturate containing analgesic agent "not recommended for chronic pain". The combination

agent contains barbiturate, Tylenol and caffeine and is indicated for headaches and migraines. The MTUS notes barbiturates and barbiturate containing compounds have a high potential for drug dependence. It was noted in the medical documentation, the injured worker had been prescribed Fioricet for several months. In addition to using the medication long-term for chronic pain, there was no noted functional improvement or decrease in pain intensity noted from one visit to the next. She noted head pain and neck pain had increased over time. For these reasons, Fioricet 325/50/40mg #30 is not medically necessary.