

Case Number:	CM15-0131179		
Date Assigned:	07/17/2015	Date of Injury:	03/06/2009
Decision Date:	09/01/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 61-year-old male who sustained an industrial injury on 03-06-2009. Diagnoses include multiple industrial injuries and headaches. Treatment to date has included medications, chiropractic treatment, spinal surgery, hip replacement, physical therapy, psychiatric and neurological care, epidural steroid injections. According to the Neurologic Consulting Re-Evaluation dated 5-22-2015, the IW reported headaches, neck and lower back pain, depression, sleep difficulty and right knee pain, all improved with medications and-or surgical interventions, except the IW was not using his CPAP. On examination, the IW was fully oriented and cranial nerves II through XII were normal. The cervical paraspinal muscles were tender to palpation and increased in tone bilaterally. Terminal range of motion of the cervical spine in all planes produced pain, particularly with bilateral rotation. Heel, toe and tandem walking were normal. Muscle tone of the upper and lower extremities was normal except right knee flexion, which could not be tested, secondary to pain. Sensation was normal in all extremities. Reflexes were 2+ in the upper extremities and also in the gastrosoleus, bilaterally; quadriceps reflexes were absent bilaterally. A request was made for the following treatments due to proven effectiveness for the IW: six months' supplies for interferential unit for pain in the right knee; Hydrocodone-Acetaminophen 10-325mg, #60 for severe pain in the neck and lower back; and Fioricet #60 for headache and spine pain relief. The IW was instructed to take no more than nine tablets per day of the medications containing acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies for interferential unit, six months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The claimant sustained a work injury in March 2009 and continues to be treated for neck pain, low back pain, headaches, right knee pain, depression, and insomnia. When seen, there was temporary pain relief with use of hydrocodone/acetaminophen. There had been a recent exacerbation of right knee pain. He was using an interferential stimulator and had run out of supplies. He was having diffuse headaches occurring on average four days per week relieved with Fioricet within 30-45 minutes. Physical examination findings included cervical spine tenderness with increased muscle tone. There was pain at end cervical spine range of motion. There was pain with right knee range of motion. Medications were refilled. Authorization for six months of supplies for the interferential unit was requested. Interferential stimulation is used for the treatment of chronic pain. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1-3 months at a minimum. In this case, the claimant already uses an interferential stimulator. However, the specific supplies being requested including quantity is not specified and the request cannot be accepted as being medically necessary.

Hydrocodone/Acetaminophen 10/325mg quantity 60 1 every six hours as needed for severe pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing, Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in March 2009 and continues to be treated for neck pain, low back pain, headaches, right knee pain, depression, and insomnia. When seen, there was temporary pain relief with use of hydrocodone/acetaminophen. There had been a recent exacerbation of right knee pain. He was using an interferential stimulator and had run out of supplies. He was having diffuse headaches occurring on average four days per week relieved with Fioricet within 30-45 minutes. Physical examination findings included cervical spine tenderness with increased muscle tone. There was pain at end cervical spine range of motion. There was pain with right knee range of motion. Medications were refilled. Authorization for six months of supplies for the interferential unit was requested. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no

identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through reported VAS scores, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Fioricet #60 two three times a day as needed HA relief: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Assessment Approaches, (2) Barbiturate-containing analgesic agents (BCAs), Page(s): 6, 23.

Decision rationale: The claimant sustained a work injury in March 2009 and continues to be treated for neck pain, low back pain, headaches, right knee pain, depression, and insomnia. When seen, there was temporary pain relief with use of hydrocodone/acetaminophen. There had been a recent exacerbation of right knee pain. He was using an interferential stimulator and had run out of supplies. He was having diffuse headaches occurring on average four days per week relieved with Fioricet within 30-45 minutes. Physical examination findings included cervical spine tenderness with increased muscle tone. There was pain at end cervical spine range of motion. There was pain with right knee range of motion. Medications were refilled. Authorization for six months of supplies for the interferential unit was requested. Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, further classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Fioricet is not medically necessary.