MAXIMUS Federal Services

| Case Number: | CM15-0131191 | | |
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| Date Assigned: | 08/05/2015 | Date of Injury: | 03/06/2009 |
| Decision Date: | 09/29/2015 | UR Denial Date: | 06/10/2015 |
| 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: 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 61 year old male who sustained an industrial injury on March 06, 2009. According to a neurologic consulting reevaluation on May 22, 2015, the injured worker remained symptomatic with headaches that occurred on an average of four days per week. Headaches were diffuse in location. They were relieved completely within 30-45 minutes with the use of Fioricet. He also reported neck and lower back pain, depression, sleep difficulty and a recent exacerbation of right knee pain. The neck and lower back was deferred to another provider as was depression and sleep difficulty. Neck and lower back pain was relieved temporarily with the use of Hydrocodone/APAP 2.5-325 mg. An Epworth Sleepiness Scale was administered to evaluate the injured worker in regard to a sleep disorder as well as medication related drowsiness. The test results were abnormal at 13 out of 24. The injured worker had not returned to any work activities. Physical examination demonstrated that the injured worker was alert, oriented and capable of giving a reasonable history. Head was normocephalic without evidence of acute head injury. Cranial nerves II through XII were normal. Pain was verbalized with terminal range of motion of the cervical spine in all planes particularly neck rotation bilaterally. There was marked tenderness to palpation of the cervical paraspinous muscles bilaterally with an increase in muscle tone bilaterally. Gait to heel, toe and tandem walking were normal. Muscle tone and mass were normal with no evidence of atrophy or fasciculations. Right knee flexion and extension could not be tested secondary to pain. Otherwise, muscle strength was grade 5 (normal) at both upper and lower extremities. Pin, proprioception and light touch were normal over both upper and lower extremities, Biceps, triceps and brachioradialis reflexes were 2+ in

both upper extremities. Quadriceps reflexes were absent bilaterally. Gastrocsoleus reflexes were 2+ bilaterally. Finger to nose and rapid alternating movements were normal. From a neurological perspective, the injured worker was considered to be permanent and stationary. The treatment plan included Fioricet #60 two tablets three times daily as needed for ongoing headaches and spine pain. Hydrocodone-APAP 10-325 mg one tablet every six hours as needed was provided for more severe pain. Authorization was requested for the injured worker to be evaluated at eight-week intervals for symptomatic treatment of his headaches with Fioricet. Documentation submitted for review shows that the injured worker has suffered with chronic headaches and that there was long-term use of Fioricet and Hydrocodone-APAP. Currently under review is the request for follow-up (x8 week intervals), Hydrocodone-APAP 10-325 mg #60, Fioricet #60 and Epworth sleepiness scale.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up (x8 week intervals):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, Chronic Pain Treatment Guidelines Opioids Page(s): 77-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Office Visits.

**Decision rationale:** Per the MTUS/ACOEM Patients whose neck or upper back complaints may be work related should receive follow-up care every three to five days by a midlevel practitioner, who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. Take care to answer questions and make these sessions interactive so that patients are fully involved in their recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Per the ODG, office visits are "recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to

function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible."Per the MTUS for patients on chronic opioids "recommended Frequency of Visits While in the Trial Phase (first 6 months): (a) Every 2 weeks for the first 2 to 4 months (b) Then at approximate 1 to 2-month intervals Note: According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care. (California, 1994)", A review of the injured workers medical records reveal that he has been on chronic opioids, ongoing evaluation of this is appropriate and medically necessary.

**Hydrocodone/APAP 10/325mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioids, Long-term users of opioids Page(s): 9, 78, 88.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. MTUS guidelines state that pain and functional improvement should be documented and compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this case, documentation shows long-term use of opioids, A review of the injured workers medical records reveal that he experiences an improvement in his headaches and spine pain with the use of Hydrocodone, the continued use appears appropriate and is medically necessary.

**Fioricet #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Barbiturate-containing analgesic agents (BCAs) Page(s): 9, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Barbiturate-containing analgesics (BCAs).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS guidelines state that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Guidelines also state that a record of pain and function with the medication given should be recorded. Official Disability Guidelines state that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. In this case, documentation shows chronic headaches and long term treatment with Fioricet. The injured worker remained symptomatic despite use of Fioricet. Guidelines do not recommend barbiturate-containing analgesic agents. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**Epworth sleepiness scale:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.umm.edu/sleep/epworth_sleep.htm.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://en.wikipedia.org/wiki/Epworth_Sleepiness_Scale.

**Decision rationale:** The MTUS / ACOEM and ODG did not specifically address the use of the Epworth sleepiness scale therefore a search was made on the internet. Per the Wikipedia, "The Epworth Sleepiness Scale (ESS) is a scale intended to measure daytime sleepiness that is measured by use of a very short questionnaire. This can be helpful in diagnosing sleep disorders." This is a short questionnaire that is part of a physical exam just like a neurological exam or a mini mental status exam, the rationale for ordering it separately is unclear, without this information medical necessity is not established. Therefore, the request for Epworth sleepiness scale is not medically necessary.