MAXIMUS Federal Services

Case Number:	CM15-0163344		
Date Assigned:	08/31/2015	Date of Injury:	08/04/1999
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/20/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old female sustained an industrial injury on 8-04-99. She subsequently reported Diagnoses include cervical strain. Treatments to date include x-ray and MRI testing, shoulder surgeries, physical therapy and prescription pain medications. The injured worker has continued complaints of neck, back and bilateral shoulder pain. Upon examination of the cervical spine, there was decreased range of motion. There was tenderness to the paraspinals as well as suboccipital region. Examination of the lumbar spine revealed decreased range of motion. There was tenderness to the paraspinals. Examination of the right shoulder revealed severe loss of range of motion and tenderness over the acromioclavicular joint. A request for Norco, Frova, Fioricet and Compazine medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone) 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patent presents with pain in the neck, back, and bilateral shoulders. The request is for Norco (Hydrocodone) 10/325mg #120. Patient is status post right shoulder surgeries, dates unspecified. Physical examination to the cervical spine on 07/23/15 revealed tenderness to palpation to the paraspinals and the suboccipital region. Range of motion was decreased. Examination to the right shoulder revealed severe loss of motion and tenderness to palpation over the acromioclavicular joint. Per Request For Authorization Form dated 08/05/15, patient's diagnosis include chronic cervical strain, right shoulder multi-directional instability, status post multiple surgeries to the right shoulder, right upper extremity neuropraxia secondary to multi-directional right shoulder instability, anxiety, sleep issues, headaches, and possible thoracic syndrome. Patient's medications, per 02/12/15 progress report include Albuterol, Amitriptyline, Fiorinal, Frova, Gabapentin, Hydrochlorothiazine, Lisinopril, Tramadol, and Metoprolol. Per 07/29/15 progress report, patient is to remain off-work until 08/19/15. MTUS Guidelines criteria for use of opioids, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not specifically discuss this request. Review of the medical records provided indicates that the patient has been utilizing Norco (Vicodin) since at least 03/03/15. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. There are no UDS test results, no CURES; no discussions on adverse effect and other measures of aberrant behavior either. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request is not medically necessary.

Frova 2.5mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter-Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter under Triptans.

Decision rationale: The patent presents with pain in the neck, back, and bilateral shoulders. The request is for Frova 2.5 mg #45. Patient is status post right shoulder surgeries, dates unspecified. Physical examination to the cervical spine on 07/23/15 revealed tenderness to palpation to the paraspinals and the suboccipital region. Range of motion was decreased. Examination to the right shoulder revealed severe loss of motion and tenderness to palpation over the acromioclavicular joint. Per Request For Authorization Form dated 08/05/15, patient's diagnosis include chronic cervical strain, right shoulder multi-directional instability, status post multiple surgeries to the right shoulder, right upper extremity neuropraxia secondary to multi-directional right shoulder instability, anxiety, sleep issues, headaches, and possible thoracic syndrome. Patient's medications, per 02/12/15 progress report include Albuterol, Amitriptyline, Fiorinal, Frova, Gabapentin, Hydrochlorothiazine, Lisinopril, Tramadol, and Metoprolol. Per 07/29/15 progress report, patient is to remain off-work until 08/19/15. ODG Guidelines, Head Chapter, Triptans has the following "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g. Sumatriptan, brand name Imitrex) are effective and well tolerated". The treater has not specifically discussed this request. Review of the medical records provided indicates that the patient has been utilizing this medication since at least 02/15/15. However, the treater has not provided documentation addressing the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. Furthermore, this medication is indicated for migraine headaches and although the patient is diagnosed with headache, there are no indications in regards to migraine headaches. This request is not in accordance with the guideline recommendations and is not medically necessary.

Fioricet 50/325/40 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patent presents with pain in the neck, back, and bilateral shoulders. The request is for Fioricet 5/325/40 mg #120. Patient is status post right shoulder surgeries, dates unspecified. Physical examination to the cervical spine on 07/23/15 revealed tenderness to palpation to the paraspinals and the suboccipital region. Range of motion was decreased. Examination to the right shoulder revealed severe loss of motion and tenderness to palpation over the acromioclavicular joint. Per Request For Authorization Form dated 08/05/15, patient's diagnosis include chronic cervical strain, right shoulder multi-directional instability, status post multiple surgeries to the right shoulder, right upper extremity neuropraxia secondary to multi-directional right shoulder instability, anxiety, sleep issues, headaches, and possible thoracic syndrome. Patient's medications, per 02/12/15 progress report include Albuterol, Amitriptyline, Fiorinal, Frova, Gabapentin, Hydrochlorothiazine, Lisinopril, Tramadol, and Metoprolol. Per 07/29/15 progress report, patient is to remain off-work until 08/19/15. MTUS Guidelines p 23, Barbiturate-containing analgesic agents (BCAs) section states, "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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987) See also Opioids."MTUS Guidelines Criteria for use of Opioids, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater has not specifically this request. Review of the medical records provided indicates that the patient has received prescriptions for Fioricet from 02/18/15 through 07/23/15. In this case, the treater has not discussed how this medication helps the patient with pain reduction and improved function. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. Furthermore, MTUS does not recommend BCAs for chronic pain due to potential for drug dependence. Therefore, the request is not medically necessary.

Compazine 5mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.rxlist.com/compazine-drug/indications-dosage htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginfo/meds/a682116.html.

Decision rationale: The patent presents with pain in the neck, back, and bilateral shoulders. The request is for COMPAZINE 5MG #30. Patient is status post right shoulder surgeries, dates unspecified. Physical examination to the cervical spine on 07/23/15 revealed tenderness to palpation to the paraspinals and the suboccipital region. Range of motion was decreased. Examination to the right shoulder revealed severe loss of motion and tenderness to palpation over the acromioclavicular joint. Per Request For Authorization Form dated 08/05/15, patient's diagnosis include chronic cervical strain, right shoulder multi-directional instability, status post multiple surgeries to the right shoulder, right upper extremity neuropraxia secondary to multi-directional right shoulder instability, anxiety, sleep issues, headaches, and possible thoracic syndrome. Patient's medications, per 02/12/15 progress report include Albuterol, Amitriptyline, Fiorinal, Frova, Gabapentin, Hydrochlorothiazine, Lisinopril, Tramadol, and Metoprolol. Per 07/29/15 progress report, patient is to remain off-work until 08/19/15. The MTUS and ODG guidelines do not address Compazine/Prochlorperazine http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682116.html The National Institutes of Health states this medication is for

control of severe nausea and vomiting and to treat symptoms of schizophrenia and for the short term treatment of anxiety that could not be controlled by other medications. In progress report dated 07/23/15, the treater states that the patient is complaining of nausea due to all the medication and she is requesting something for nausea. It appears that the treater is prescribing this medication for patient's nausea secondary to medication use. This medication is indicated for control of severe nausea. The request appears reasonable and therefore, is medically necessary.