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| <b>Case Number:</b>   | CM15-0181606 |                              |            |
| <b>Date Assigned:</b> | 09/22/2015   | <b>Date of Injury:</b>       | 04/27/2007 |
| <b>Decision Date:</b> | 12/03/2015   | <b>UR Denial Date:</b>       | 08/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/15/2015 |

### 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: Emergency 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 46-year-old female, with a reported date of injury of 04-27-2007. The diagnoses include cervical sprain, disc protrusion, bulge, and herniated nucleus pulposus, cervical disc degeneration, cervical and upper limb radiculitis, right elbow sprain and strain, right shoulder sprain, carpal tunnel syndrome, lumbar spine disc herniation, facet arthropathy, and status post ALIF (anterior lumbar interbody fusion). Treatments and evaluation to date have included Percocet (since at least 04-2015), Zoloft, Soma (since at least 02-2015), Fioricet (since at least 02-2015), Xanax (since at least 04-2015), Trazodone, Valium, Norco, and lumbar surgery on 03-02-2015. The diagnostic studies to date have not been included in the medical records. According to the supplemental report dated 06-09-2015, the injured worker reported functional difficulties due to her orthopedic condition and required pharmacotherapy as part of her treatment of the sustained injury. She reported being able to perform more of her usual activities when taking her medication. It was noted that the injured worker indicated that without the medication her pain was intolerable and she could not function. The treating physician stated, "With her medication the pain and spasms are manageable." The progress report dated 07-30-2015 indicates that the injured worker reported a flare-up of low back pain since 07-12-2015. She presented to the emergency room at that time and was given Toradol and Dilaudid injections. According to the injured worker, the injections only helped for two days. She currently complained of constant, moderate to occasional, severe pain with radicular pain down her legs to her feet. The pain was associated with numbness and tingling in both feet. The injured worker noted stiffness, tightness, limited range of motion, and occasional spasms of the

low back. She reported increased pain with prolonged activity. The injured worker also complained of neck pain with radicular pain in both arms to the hands, with numbness and tingling in both hands; right shoulder pain; right elbow pain with stiffness and tightness and occasional sensitivity to touch; and right wrist pain with numbness and tingling. There was no documentation of the injured worker's pain ratings. The objective findings include significantly limited and painful range of motion of the lumbar spine, difficulty walking without assistance, and difficulty arising from a seated position. The treating physician noted that x-rays of the lumbar spine showed good alignment, hardware at the L4-5 and L5-S1 level in excellent position, and bony fusion noted at the posterior aspect of L4-5. The treatment plan included home health care, and a prescription for Fioricet, one tablet every 4 to 6 hours as needed, Soma, one tablet twice a day for spasm, Xanax, one tablet at night for sleep and anxiety, and Percocet, one tablet every 4 to 6 hours as needed for pain. The injured worker will return to the office in 4 weeks for re-evaluation. The injured worker's work status was not indicated. The request for authorization was dated 07-30-2015. The treating physician requested six weeks of home health care four hours a day, three days a week; Fioricet 325mg #40, Soma 350mg #90, Xanax 0.5 mg #30, and Percocet 7.5-325mg #90. On 08-21-2015, Utilization Review (UR) non-certified the request for six weeks of home health care four hours a day, three days a week; Fioricet 325mg #40, Soma 350mg #90, and modified the request Xanax 0.5 mg #30 to an unknown prescription of Xanax 0.5mg #30, and Percocet 7.5-325mg #90 to Percocet 7.5-325mg #68.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 weeks home health care 4 hrs/day 3 days/wk: 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): Home health services.

**Decision rationale:** As per MTUS chronic pain guidelines, home health aide/services may be recommended for medical treatment in patients who are bed or home bound. However, the requesting physician has failed to provide documentation to support being home bound and in need for a home health aide. Therefore the request is not medically necessary.

**Fiorocet 325mg, #40: 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.

**Decision rationale:** Fioricet contains caffeine, acetaminophen and butalbital, a barbiturate. It may be useful for acute migraine attacks. As per MTUS chronic pain guidelines, barbiturates are

not recommended for chronic pain due to high risk of dependence, risk of overuse, rebound headaches and no evidence of clinical improvement. Patient has been on this chronically. The prescription is excessive and not consistent with short term use or weaning. Patient is also on another medication with acetaminophen leading to risk for toxicity and other sedating medication medications leading to significant risk for over sedation. Fioricet is not medically necessary.

**Soma 350mg #90:** 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): Carisoprodol (Soma).

**Decision rationale:** As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The documentation does not provide any rational justification for continuing this medically inappropriate medication. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.

**Xanax 0.5mg #30:** 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): Benzodiazepines.

**Decision rationale:** Xanax is a benzodiazepine often given for anxiety or insomnia but may be given as a muscle relaxant. MTUS guidelines recommend that it be used for short term only. Patient is reportedly taking this chronically. The number of tablets prescribed is excessive and not appropriate for short term use or weaning. Xanax is not medically necessary.

**Percocet 7.5/325mg #90:** 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, Opioids, long-term assessment.

**Decision rationale:** Percocet is acetaminophen and Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient is chronically on opioids with no documentation of any benefit. There is no documentation of improvement in pain and

functional status continues to be poor. Vague statements that the medications make the pain "tolerable" or "manageable" or "able to perform more activity" is not objective or appropriate. Documentation fails to show any benefit from chronic opioid therapy. Patient is also on another medication with acetaminophen leading to risk of toxicity. Percocet is not medically necessary.