

Case Number:	CM15-0182522		
Date Assigned:	09/23/2015	Date of Injury:	03/21/2014
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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(n) 54 year old male, who sustained an industrial injury on 3-21-14. The injured worker was diagnosed as having cervicgia, lumbar strain with left lower extremity radiculitis and headaches. Treatment to date has included a home exercise program, Voltaren gel, Norco, Fexmid and Fioricet. As of the PR2 dated 7-22-14, the injured worker reports intermittent tightness to neck increasing with prolonged posturing of the head. He rates his pain 1-2 out of 10 with medications and 6 out of 10 without medications. Objective findings include tenderness to palpation of the bilateral paravertebral cervical muscles, decreased cervical range of motion and cervical spasms. There was also decreased lumbar range of motion and tightness noted in all planes. The treating physician requested Fioricet 60-325-40 #60 and Fexmid 7.5mg #60. On 7-22-14 the treating physician requested a Utilization Review for Fioricet 60-325-40 #60 and Fexmid 7.5mg #60. The Utilization Review dated 9-9-15, non-certified the request for Fioricet 60-325-40 #60 and Fexmid 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fioricet (butalb/acetaminophen/caffeine) 60/325/40mg, #60 (DOS: 7/22/14): 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: CA MTUS Guidelines state that barbiturate-containing analgesics (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 headaches. In this case, there is a retrospective request for a refill of Fioricet #60. The patient has been diagnosed with chronic cervical and low back pain. BCAs are not recommended for these conditions. Therefore the request is not medically necessary or appropriate.

Retrospective Fexmid (cyclobenzaprine HCL), 7.5mg, #60 (DOS: 7/22/14): 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The efficacy appears to diminish over time, and prolonged use may lead to dependence. In this case, the request is for Fexmid (Flexeril) which is a skeletal muscle relaxant and a CNS depressant. Flexeril is most effective in the first four days of use. It is not recommended to be used for greater than 2-3 weeks. In this case, the patient has been taking Fexmid on a long-term basis, exceeding guideline recommendations. Therefore the request is not medically necessary or appropriate.