MAXIMUS Federal Services

Case Number:	CM15-0185843		
Date Assigned:	10/05/2015	Date of Injury:	12/15/2008
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York, West Virginia, Pennsylvania
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 55 year old female who sustained an industrial injury on 12-15-08. Diagnoses are noted as chronic pain not elsewhere classified, cervical spondylosis without myelopathy, spondylosis lumbosacral, and degeneration cervical disc. Previous treatment includes physical therapy, medication, epidural steroid injection C7-T1, MRI cervical spine-3-18-09, 3-19-12, and (TENS) transcutaneous electrical nerve stimulation. In a visit note dated 8-20-15, the physician reports continued complaint of neck pain and upper parascapular pain and that holding her head in one position, driving longer distances, and reading causes increasing pain. Heat, medication, rest, and TENS causes pain to improve. It is noted cervical neck spasms radiate into the parascapular region and arms with intermittent transitory numbness and tingling. Pain is reduced with Norco, headaches are reduced with Fioricet, and both are reported to improve her function and activities of daily living by 50%. The opioid assessment risk score was 0. Pain is rated at 5 out of 10 without medication and 9-10 out of 10 with medication. With medication, driving distance and duration is improved by about 30% lighthouse work by 30% and vacuuming by about 50%. No medication side effects are reported and there has been no aberrant drug behavior. A (12-4-14) progress report notes a DEA report and urine drug screen is consistent with prescribed medication. Physical exam reveals tenderness over the cervical and thoracic paraspinous area with spasm of the thoracic and parascapular region. Work status is "permanent and stationary." It is noted that she lives a significant distance away from the office and drives many hours to get there therefore, she is provided with a 3 month supply of medication. Prescriptions are for Ambien 10mg 1 daily, quantity 30 with 2 refills, Tizanidine-

zanaflex 4mg #90 1 twice daily as needed for muscle spasms quantity 90 with 2 refills, Norco 10-325 1-2 tablets every 8 hours quantity 120 with 2 refills, Relafen 500mg 1 tablet every 8 hours quantity of 90 with 2 refills, and Fioricet 50-325-40mg 1 tablet twice a day for headaches quantity of 60 with 2 refills. On 9-1-15, the requested treatment of Fioricet 50-325-40 mg twice a day quantity of 60 with 2 refills was denied and Norco 10-325 mg 1-2 tablets every 8 hours quantity of 120 with 2 refills was modified to Norco 10-325mg 1-2 tablets every 8 hours quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40 mg Qty 60 with 2 refills, twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The patient's injury occurred in 2008 and Fioricet is not recommended for long-term use. Therefore, the request for Fioricet 50/325/40 mg #180 is not medically necessary.

Norco 10/325 mg Qty 120 with 2 refills, 1-2 tabs every 8 hours: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking

behaviors. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. The request for Norco has been denied multiple times due to lack of documented benefit of this opioid. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.