

<b>Case Number:</b>	CM15-0204638		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: 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 43 year old male, who sustained an industrial injury on 9-07-2007. The injured worker is being treated for cervical radiculopathy, headaches, medication induced dyspepsia and status post cervical and lumbar disc replacements. Treatment to date has included surgical intervention, medications, TENS, diagnostic testing and injections. Per the Primary Treating Physician's Progress Report dated 9-21-2015, the injured worker presented for a pain medicine follow-up visit and reexamination. He reported neck pain with radiation down the bilateral upper extremities right worse than left, low back pain that radiates down the left lower extremity and pain in the left shoulder and hand. He rated his pain as 8 out of 10 with medications and 9 out of 10 without medications on average since the last visit and reported that his pain had "worsened" since the last visit. Objective findings included spinal vertebral tenderness of the cervical spine with spasm in the left trapezius muscle. There was tenderness to the trapezius muscles bilaterally and C5-7 paravertebral area. Ranges of motion were moderately limited due to pain. There was also tenderness of the left anterior shoulder. Per the submitted medical records, the IW has been prescribed opioid pain medications since at least 4-2015. On 4-06-2015, he rated his pain as 7 out of 10 on average with medications and 9 out of 10 on average without medications. Pain was described as "unchanged." On 6-01-2015, he rated his pain as 5 out of 10 with pain medications an average since the last visit and 6 out of 10 without pain medications on average since the last visit. On 7-27-2015, he rated his pain as 6 out of 10 with medications and 8 out of 10 without medications. Pain was described as "unchanged" since the last visit. Work status was full duty without restrictions. The plan of care included continuation

of medications and injections. Authorization was requested for right C6-7 cervical epidural injection under fluoroscopy, left C6-7 cervical epidural injection under fluoroscopy, hydrocodone 10-325mg #180, Fioricet 50-325-40 #60, and Tramadol 50mg #90. On 10-08-2015, Utilization Review modified the request for Fioricet 50-325-40 #60 and non-certified the request for Tramadol 50mg #90.

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

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

**Fioricet 50/325/40, quantity: 60: 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): Barbiturate-containing analgesic agents.

**Decision rationale:** The California MTUS section on the requested medication 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). There is no documented functional improvement or significant objective decrease in pain directly due to this medication. Therefore, the request is not medically necessary.

**Tramadol 50mg, quantity: 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 5th Edition 2007 or Current Year. Pain (Chronic). Weaning Opioids.

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

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time with pain only decreased from a 9/10 to a 8/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

