

Case Number:	CM15-0209557		
Date Assigned:	10/28/2015	Date of Injury:	07/26/2002
Decision Date:	12/09/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/23/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 61 year old female, who sustained an industrial injury on 7-26-2002. The injured worker was being treated for thoracic degenerative disc disease with myofascial pain, history of anterior lumbar interbody fusion, status post incisional hernia repair-status post lumbar fusion, headaches, status post right rotator cuff repair, and possible cervical radiculopathy. The injured worker (4-16-2015 and 7-22-2015) reported left lower back pain radiating to the left leg, which "affect her ADLs" (activities of daily living), but was otherwise not specific. She reported right neck and shoulder pain with numbness in the right arm. She reported increased frequency of headaches and that she gets 3-4 headaches per week and last the whole day, which are relieved by Excedrin and Fioricet. She rated her pain as 5-6 out of 10, 8 out of 10 without medications, 3 out of 10 at best, 6 out of 10 at worst, and average as 5 out of 10 on 4-16-2015 and 7-22-2015. Per the treating physician (4-16-2015 and 7-22-2015 report), the last urinalysis in 4-2014 were consistent, the last Controlled Substance Utilization Review and Evaluation System (CURES) on 9-26-2014 was consistent, and pain guidelines were signed on 9-26-2014. The treating physician noted the injured worker had itchiness from her medications that was relieved by Promethazine and no aberrant behaviors. The physical exam (7-22-2015) revealed decreased lumbar range of motion, paravertebral tenderness, and hyperesthesia at L5-S1 (lumbar 5-sacral 1). The injured worker (9-17-2015) reported ongoing neck pain and stiffness and upper back pain. The physical exam (9-17-2015) revealed the injured worker was able to forward flex chin to chest with extension to 10 degrees and lateral rotation to 60 degrees, bilaterally. The treating physician

noted tenderness of the lower lumbar parathoracic musculature. The urine toxicology screening (4-16-2015) indicated that barbiturates were not detected and Hydrocodone, Hydromorphone, Trazodone, and Venlafaxine were detected. Treatment has included pain (Norco since at least 4-2015) and anti-migraine (Fioricet since at least 4-2015) medications. Per the treating physician (9-17-2015 report), the injured worker can continue working in her current capacity. The requested treatments included Fioricet 325mg and Norco 10-325mg. On 9-28-2015, the original utilization review modified a request for Norco 10-325mg and non-certified a request for Fioricet 325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 tablets of Fioricet 325mg: 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: CA MTUS guidelines regarding Fioricet state that its use is: "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." As this medication does not meet CA MTUS guidelines, the recommendation is for non-certification. The request is not medically necessary.

180 tablets of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased

level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, return to work, or increase in activity from the exam note of 4-16-2015 and 7-22-2015. Therefore, the determination is for non-certification. The request is not medically necessary.