

<b>Case Number:</b>	CM15-0217607		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	12/15/2008
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: 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 55 year old female, who sustained an industrial injury on 12-15-2008. She has reported injury to the neck and upper back. The diagnoses have included cervical spondylosis without myelopathy; degeneration of cervical disc; lumbosacral spondylosis; and chronic pain. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, cervical epidural steroid injection, physical therapy, and home exercise program. Medications have included Norco, Fioricet, Relafen, Zanaflex, Lorazepam, Ambien, and Prilosec. A progress report from the treating physician, dated 08-20-2015, documented an evaluation with the injured worker. The injured worker reported that she continues to have complaints of neck pain and upper parascapular pain; holding her head in one position driving longer distances and reading causes pain; applying heat to her neck, using medication, and rest causes her pain to improve; muscle spasms are decreased to reasonable with the use of the TENS unit; the TENS unit had been very effective; supplies have not been authorized; she uses Norco for pain, Relafen for non-steroidal and anti-inflammatory effects, Ambien for sleeplessness, Prilosec for gastrointestinal side effects with her non-steroidal anti-inflammatory, and Fioricet for headaches; and she requires a refill of these medications today. It is noted that the injured worker's pain is reduced with the use of Norco and her headaches are reduced with the use of Fioricet; and they both improve her function, her ability to cope and deal with activities of daily living; and she estimates her function is actually improved by about 50%. Objective findings included she is alert, oriented, and does not exhibit acute distress; and there is tenderness over the cervical and thoracic paraspinal with spasming of the thoracic and

parascapular regions. The treatment plan has included the request for Norco 10-325mg #120 with 2 refills, quantity: 360.00; and Fioricet 50-325-40mg #60 with 2 refills, quantity: 180.00. The original utilization review, dated 10-08-2015, non-certified the request for Fioricet 50-325-40mg #60 with 2 refills, quantity: 180.00; and modified the request for Norco 10-325mg #120 with 2 refills, quantity: 360.00, to Norco 10-325mg #120.

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

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

**Norco 10/325mg #120 with 2 refills Qty: 360.00: Upheld**

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

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

**Decision rationale:** Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The MTUS guidelines recommend a morphine equivalent dosage of 120 or less. In this case, the request for the current opioid regimen has been supported; however, refills are not supported and Utilization Review has allowed for modification to allow this medication with no refills. Further requests for opiate refills must be accompanied by objective measures of functional improvement, urine drug screen, and attempt of opiate wean/taper and an updated and signed pain contract. The request for Norco 10/325mg #120 with 2 refills Qty: 360.00 is not medically necessary and appropriate.

**Fioricet 50-325-40mg #60 with 2 refills Qty: 180.00: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Barbiturate-containing analgesic agents (BCAs).

**Decision rationale:** Per the MTUS guidelines, Barbiturate-containing analgesic agents (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 headache. The AGS updated Beers criteria for inappropriate medication use includes barbiturates. (AGS, 2012). The request for Fioricet 50-325-40mg #60 with 2 refills Qty: 180.00 is not medically necessary and appropriate.