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| Case Number: | CM15-0218119 | | |
| Date Assigned: | 11/10/2015 | Date of Injury: | 05/29/1994 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 67 year old female, who sustained an industrial injury on 5-29-94. The injured worker was being treated for chronic pain syndrome, postlaminectomy syndrome of lumbar region, lumbar back pain with radiculopathy, chronic depression, nausea, muscle spasm and migraine. On 8-20-15 and 10-6-15, the injured worker reports ongoing evaluation for liver, bile duct dilation, she is in need of pump refill and complains of constant tenderness of right upper quadrant which she thought was related to the pump, but now realizes it is related to the liver. She ambulates with a cane or walker and she is resting or reclined 50 of 75% of the day. She rates the pain 7-10 out of 10 with medications. Physical exam performed on 8-20-15 and 10-6-15 revealed morbidly obese abdomen, using a 4 wheeled walker for ambulation, lays supine for pump refill and intrathecal drug delivery system in right lower quadrant. Treatment to date has included Dilaudid via intrathecal pump, oral Dilaudid, Fiorcet-codeine 50-325mg since at least 3-25-15 without evidence of functional improvement, Cymbalta, Prilosec and Valium; physical therapy, home exercise program and activity modifications. The treatment plan included refills of Dilaudid and Fiorcet. On 10-13-15 request for Fiorcet-Codeine 50-325-40-30mg #180 was modified to #90 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet/Codeine 50-325-40-30 MG Caps (Butalbital-APAP-Caff-Cod) 1-2 Tab By Mouth q5 As Needed (Max 6/d) #180: 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 Guidelines, Section(s): Acetaminophen, Barbiturate-containing analgesic agents (BCAs), Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications.

Decision rationale: Fioricet with codeine (butalbital, acetaminophen, caffeine, codeine) is a combination medication in the barbiturate, general pain reliever, stimulant, and opioid classes. The MTUS Guidelines do not support the use of barbiturate-containing pain medicines because of the lack of literature showing benefit, potential negative side effects, and high-risk for addiction. The submitted and reviewed documentation contained no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 180 tablets of Fioricet with codeine (butalbital, acetaminophen, caffeine, codeine) 50/325/40/30mg to be taken one or two tablets up to every 5 hours as needed with a maximum of six tablets in a day is not medically necessary. Because the potentially serious risks significantly outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication only as needed, an individualized taper should be able to be completed with the medication the worker has available. Therefore, the requested treatment is not medically necessary.