

Case Number:	CM15-0038931		
Date Assigned:	03/09/2015	Date of Injury:	11/21/2011
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 54-year-old male, who sustained an industrial injury on 11/21/2011. He has reported neck and low back pain. The diagnoses have included cervical myoligamentous injury with left upper extremity radiculopathy and associated cervicogenic headaches; lumbar myoligamentous injury with right-sided foraminal disc protrusion and right lower extremity radiculopathy; and left shoulder impingement syndrome. Treatment to date has included medications, epidural steroid injection, trigger point injection, and surgical intervention. Medications have included Norco, Fioricet, Neurontin, Fexmid, Anaprox, and Prilosec. A progress note from the treating physician, dated 02/04/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of ongoing neck pain with associated cervicogenic headaches with radicular symptoms in both upper extremities; left shoulder pain; and low back pain radiating to both lower extremities. Objective findings included tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular, and sub-occipital region; multiple trigger points and taut bands palpated throughout; tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region; and decreased cervical and lumbar range of motion. The treatment plan has included the administration of trigger point injections and the request for prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 23.

Decision rationale: Fioricet is a medication used to treat headache. It contains acetaminophen, butalbital, and caffeine). Butalbital is a barbiturate. Per MTUS: Barbiturate-containing analgesic agents (BCAs) 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. Chronic usage of this medication would not be indicated, as per guidelines above.

Norco 10/325mg BID #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 75, 91, 124.

Decision rationale: Per MTUS: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002) Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. Chronic usage of this medication would not be indicated. This medication would be indicated for short term usage, as per guidelines cited. A process of weaning should be initiated.

