

<b>Case Number:</b>	CM15-0044614		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	07/18/2005
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on 7/18/2005. The mechanism of injury was not noted. The injured worker was diagnosed as having migraine, unspecified, without mention of intractable migraine without mention of status migrainosus, headache, and pain in and around eye. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of severe headaches. A red spot was noted on her head by the hairdresser (unspecified) and if the area was touched, pain was referred to the temple. She felt that the lumps in the neck area were getting bigger and she reported problems with irritable bowel syndrome. Physical exam noted tenderness to the suboccipital and cervical area. Current medication use was not noted. The treatment plan included prescriptions for Methadone, Fioricet, Morphine, Xanax, Stadol spray, and Zofran. The duration of use of the requested medications was not noted and pain levels were not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50mg #180 refill: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesics agents (BCAs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** MTUS p23 regarding 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." In this case, none of the reports discuss this medication in terms of its use and efficacy. The patient is suffering from migraine for which this medication is being prescribed but the MTUS do not recommend it for chronic pain due to high dependency. The request IS NOT medically necessary.

**Stadol NS 1 unit refill: 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89. Decision based on Non-MTUS Citation Official disability guidelines Drug Formulary, Pentazocine (Talwin/Talwin NX).

**Decision rationale:** The patient presents with migraine and neck pain. The request is for Stadol NS 1 unit with 2 refills. The one report on 01/22/15 contains little information regarding the patient's condition, treatment history, medication, etc. The patient remains off work until 03/19/15. ODG guidelines, under Drug Formulary, Pentazocine (Talwin/Talwin NX) Topic , mentions Stadol: "Mixed agonists-antagonists, where it says that mixed agonists- antagonists, including butorphanol (Stadol), dezocine (Dalgan), nalbuphine (Nubain) and pentazocine (Talwin), have limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation." Regarding the use of opiates for chronic pain, MTUS Guidelines pages 88 and 89 state: "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states: "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, none of the reports discuss this medication, how it is used and with what efficacy. The four A's are not addressed and no urine drug screens. ODG does not support this medication for routine use in chronic pain due to its ceiling effect. The request IS NOT medically necessary.