

<b>Case Number:</b>	CM15-0054007		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	12/04/1997
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Hawaii  
 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 57-year-old female injured worker suffered an industrial injury on 12/04/1997. The diagnoses included cervical radiculopathy, lumbar radiculopathy, lumbar herniated discus pulpus and cubital tunnel syndrome. The diagnostics included magnetic resonance imaging, electromyographic studies, and x-rays. The injured worker had been treated with medications and back brace. On 2/18/2015, the treating provider reported neck pain with upper extremity paresthesias is described as frequent, stabbing with radiation to the left extremity with numbness and tingling. There was severe low back pain with lower extremity paresthesia with left lower leg. The treatment plan included Tramadol and Fioricet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Weaning of Medications Page(s): 78-80, 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with cervical & lumbar radiculopathy. The current request is for Tramadol 325mg #60. The treating physician states, "Medications are being taken, patient has modified activity level." (22B) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the treating physician has not documented before or after pain scales, there is no mention of any functional improvement with medication usage and there is no discussion regarding side effects or aberrant behavior. The current request is not medically necessary and the recommendation is for denial.

**Fioricet #120:** Upheld

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

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

**Decision rationale:** The patient presents with cervical & lumbar radiculopathy. The current request is for Fioricet #120. The treating physician states, "Refill Fioricet tablet, 325 mg-50mg - 40mg, 1 tab, orally, three times per day. Continue Fioricet with Codeine capsule." (22B) The MTUS guidelines state, "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." In this case, the treating physician has documented that the patient is in chronic pain and has requested a medication that is not recommended by MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.