

<b>Case Number:</b>	CM15-0056083		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/15/1995
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 55 year old female who sustained an industrial injury on 05/15/1995. She reported neck pain and headaches. The injured worker was diagnosed as having chronic neck pain and cervicogenic headaches with depression and anxiety related to chronic neck pain. Treatment to date has included Chiropractic sessions, a bilateral occipital nerve block, and the medications of Nucynta and Fioricet. Currently, the injured worker complains of chronic neck pain with radiation down the right shoulder and neck spasms with increasing headaches. The medication of 4-5 Nucynta tablets daily brings her pain down to a tolerable level. Fioricet tablets are more effective than managing headaches than Fiorinol, and she takes Imitrex nasal Spray as needed for headaches which helps. Chiropractic care improved her headache by 70%. A pain psychologist also helped with her pain, but she is no longer in their care. A request for authorization is submitted for Fioricet 50/300/40 #180, Nucynta 50mg #150, and 8 chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50/300/40 #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as Fioricet are not recommended in the chronic pain context present here. Here, the applicant has been using Fioricet at a rate of six tablets daily for what appears to be a minimum of several months. The request to continue the same, thus, was at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.

## **8 Chiropractic Treatments: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59 and 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back- manipulation and Other Medical Treatment Guidelines Medical Treatment Utilization Schedule Definitions (f) functional improvement.

**Decision rationale:** While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicants work status was not clearly outlined on office visits of January and February 2015, referenced above, suggesting that the applicant was not, in fact, working. Therefore, the request was not medically necessary.