

Case Number:	CM15-0231042		
Date Assigned:	12/04/2015	Date of Injury:	08/04/1999
Decision Date:	01/11/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/24/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 32 year old female who sustained an industrial injury on 08-04-1999. Medical records (09-24-2015 to 10-25-2015) indicated the worker was treated for strain/sprain of muscle, fascia and tendon in the neck and shoulders, sprain of right rotator cuff capsule, superior glenoid labrum lesion of right shoulder, and sprain/strain of ligaments of the lumbar and thoracic spine. In the provider notes (10-21-2015), the worker complains of pain in the cervical spine, lumbar spine, and bilateral shoulders. She rates her pain in the cervical spine at a 7-8 on a scale of 0-10 reporting that it radiates into the right upper extremity and is worse than the prior visit. She has pain in the bilateral shoulders that she rates as a 5-6 on a scale of 0-10 on the left and as a 7-10 on a scale of 0-10 on the right, which is unchanged since her prior visit. She also has right arm pain that she rates as a 7-8 on a scale of 0-10. On exam, her cervical spine revealed loss of range of motion. The right shoulder revealed severe loss of range of motion with a positive Speed test, biceps tenosynovitis (per MRI-10-20-2006-status post acromioplasty), and possible labral issues. There is no discussion of headache in the 10-21-2015 provider notes. There is however, discussion in the 08-25-2015 notes that the worker has "been on Fioricet and Frova for many years to control her headaches". The treatment plan included prescriptions for Norco (since 05-07-2015), Frova (since at least 02-12-2015), and Fioricet (since at least 02-12-2015). There is no notation of how the medications relieve her pain, how long the relief lasts, and any improvement in function from the medications. The worker is temporarily totally disabled. A request for authorization was submitted for: 1) Norco (Hydrocodone/ APAP 10/325mg) #90 Sig one tablet by mouth every 6 hours as needed for pain with no refill; 2) Frova (Frovatriptan Succinate 2.5mg) #45 sig one tablet by mouth every 4 hours as needed with no refill; 3) Floricet (Butabital/APAP WCAFF 50/325/40mg) #90 sig 1-2 tablets by mouth every four hours with no refill. A utilization review decision 11-12-2015 non-certified the request in its entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/ APAP 10/325mg) #90 Sig one tablet by mouth every 6 hours as needed for pain with no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Frova (Frovatriptan Succinate 2.5mg) #45 sig one tablet by mouth every 4 hours as needed with no refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, frova.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service/medication. The physician desk reference states the requested medication is indicated in the treatment of acute migraine. The patient has documented symptomatic migraine headaches. Therefore, the request is medically necessary.

Floriset (Butabital/APAP WCAFF 50/325/40mg) #90 sig 1-2 tablets by mouth every four hours with no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The California MTUS section on the requested medication states: 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). The patient has no documented direct objective improvement in pain or function due to this medication. Therefore, the request is not medically necessary.