

Case Number:	CM15-0245249		
Date Assigned:	12/24/2015	Date of Injury:	04/14/2013
Decision Date:	01/29/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	12/16/2015

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: Emergency 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 70 year old male, who sustained an industrial injury on 4-14-13. The documentation on 10-30-15 noted that the injured worker has complaints of neck pain that radiates down the bilateral upper extremities and is aggravated by activity and walking. Low back pain that radiates down the bilateral lower extremities and is accompanied by numbness and tingling and aggravated by activity and walking. Cervical examination noted there is spasm and spinal vertebral tenderness was noted in the cervical spine C4-6 and there is tenderness noted upon palpation at the paravertebral C4-6 area. The range of motion was limited. Lumbar examination revealed spasm noted in the paraspinal musculature and tenderness noted upon palpation in the bilateral paravertebral area L4-S1 (sacroiliac) levels. Pain was significantly increased with flexion and extension. Sensory exam shows decreased sensitivity to touch along the L4-S1 (sacroiliac) dermatome in bilateral lower extremities. Straight leg raise with the injured worker in the seated position was positive bilaterally at 45 degrees. The diagnoses have included cervical facet arthropathy; cervical radiculopathy; lumbar facet arthropathy; lumbar radiculopathy; chronic pain, other and depression. Treatment to date has included transforaminal epidural steroid injections; cervical epidural steroid injection and home exercise program. The injured worker has been on fioricet and tramadol since at least 5-8-15. The original utilization review (11-17-15) modified the request for 60 tablets of fioricet 50-325-40 mg to 30 tablets. The request for 90 tablets of tramadol 50 mg was modified to 45 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Fioricet 50-325-40 mg: Upheld

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

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

Decision rationale: The requested 60 tablets of Fioricet 50-325-40 mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. CA MTUS Chronic Pain Treatment Guidelines, p. 23: "Barbiturate-containing analgesic agents (BCAs)" not recommended for chronic pain. The injured worker has back pain that radiates down the bilateral lower extremities and is accompanied by numbness and tingling and aggravated by activity and walking. Cervical examination noted there is spasm and spinal vertebral tenderness was noted in the cervical spine C4-6 and there is tenderness noted upon palpation at the paravertebral C4-6 area. The range of motion was limited. Lumbar examination revealed spasm noted in the paraspinous musculature and tenderness noted upon palpation in the bilateral paravertebral area L4-S1 (sacroiliac) levels. Pain was significantly increased with flexion and extension. Sensory exam shows decreased sensitivity to touch along the L4-S1 (sacroiliac) dermatome in bilateral lower extremities. Straight leg raise with the injured worker in the seated position was positive bilaterally at 45 degrees. The diagnoses have included cervical facet arthropathy; cervical radiculopathy; lumbar facet arthropathy; lumbar radiculopathy; chronic pain, other and depression. Treatment to date has included transforaminal epidural steroid injections; cervical epidural steroid injection and home exercise program. The injured worker has been on Fioricet and tramadol since at least 5-8-15. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening; nor medical necessity specifically for a barbiturate-containing medication as an outlier to referenced negative guideline recommendations. The criteria noted above not having been met, 60 tablets of Fioricet 50-325-40 mg is not medically necessary.

90 tablets of Tramadol 50 mg: Upheld

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

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

Decision rationale: The requested 90 tablets of Tramadol 50 mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this

synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain that radiates down the bilateral lower extremities and is accompanied by numbness and tingling and aggravated by activity and walking. Cervical examination noted there is spasm and spinal vertebral tenderness was noted in the cervical spine C4-6 and there is tenderness noted upon palpation at the paravertebral C4-6 area. The range of motion was limited. Lumbar examination revealed spasm noted in the paraspinal musculature and tenderness noted upon palpation in the bilateral paravertebral area L4-S1 (sacroiliac) levels. Pain was significantly increased with flexion and extension. Sensory exam shows decreased sensitivity to touch along the L4-S1 (sacroiliac) dermatome in bilateral lower extremities. Straight leg raise with the injured worker in the seated position was positive bilaterally at 45 degrees. The diagnoses have included cervical facet arthropathy; cervical radiculopathy; lumbar facet arthropathy; lumbar radiculopathy; chronic pain, other and depression. Treatment to date has included transforaminal epidural steroid injections; cervical epidural steroid injection and home exercise program. The injured worker has been on Fioricet and tramadol since at least 5-8-15. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, 60 tablets of 90 tablets of Tramadol 50 mg is not medically necessary.