

<b>Case Number:</b>	CM14-0120281		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/01/2001
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 58-year-old female who was reportedly injured on 6/1/2001. The most recent progress note dated 7/18/2014, indicated that there were ongoing complaints of neck pain. The physical examination was handwritten and stated cervical spine had neurovascular intact, limited range of motion, marked left paraspinal spasm and tenderness to palpation. No recent diagnostic studies are available for review. Previous treatment included cervical surgery, medications and conservative treatment. A request was made for Fioricet 50/325/40 mg #240, Prilosec 20 mg #120 and Flexeril 7.5 mg #180, and was not certified in the pre-authorization process on 7/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF FIORICET 50/325/40MG, #240 --: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FIORICET.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics Page(s): 23 of 127.

**Decision rationale:** Fioricet is a combination of acetaminophen, caffeine, and butalbital, which belongs to a class of drugs known as barbiturates. The medication is referred to as a barbiturate-

containing analgesic agents (BCAs). MTUS guidelines do not recommend BCAs for chronic pain due to the high risk potential for drug dependence. As such, this request is not considered medically necessary.

**1 PRESCRIPTION OF PRILOSEC 20MG, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL CLEARING HOUSE

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127..

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.

**1 PRESCRIPTION OF FLEXERIL 7.5MG, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

**Decision rationale:** MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury in 2001 and clinical presentation, the guidelines do not support this request for Flexeril (cyclobenzaprine) for the treatment of chronic pain. As such, the request is not considered medically necessary.