

Case Number:	CM14-0130061		
Date Assigned:	08/20/2014	Date of Injury:	04/24/2003
Decision Date:	09/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/14/2014

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 Pain Medicine and is licensed to practice in California. 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 60-year-old male who reported an injury on 04/24/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 06/06/2014 indicated diagnoses of cervical spine radiculitis, status post cervical spine fusion x3, chronic daily headaches improving and hepatitis C, and cervicogenic headaches. The injured worker reported neck pain that radiated to the upper extremities and constant headaches. He reported his pain 6/10. The injured worker reported pain at the base of his skull/trapezius and reported he did not drive secondary to headaches and ongoing pain. The injured worker reported the pain would shoot from the base of his skull into the side of his head and the pain limited his activities of daily living and that he had difficulty with thought process and memory. Patient has also reported he took Fiorinal for 20 years, as well as pain causing him to remain in bed sometimes for several days at a time. The injured worker reported he would like to work with psych for better coping skills. The injured worker reported he had Imitrex to help with migraine type headaches and the Fioricet helped with cluster headaches. He reported the combination worked much better than either medication independently. The injured worker reported it decreased the intensity and frequency of the headaches and he was able to perform activities longer before headaches had set in. The injured worker reported he was off Oxycontin and had been hospitalized and had surgery. On physical examination, the injured worker had a lumbar spine brace, had positive bilateral occipital Tinel's, reproduction of pain with extension. The injured worker had signed CURES as of 05/2014 and was consistent. The injured worker's range of motion was decreased. The injured worker's treatment plan included continue medications; continue psychiatric treatment, physical therapy for the cervical spine, and follow-up in 3 months. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Fiorinal, Imitrex, Ambien, Neurontin, and

Naproxen. The provider submitted a request for the above medications and request for authorization was not submitted for review to include the date the treatment was

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Barbiturate-containing analgesic agents.

Decision rationale: The Official Disability Guidelines state Fiorinal is not recommended for chronic pain. The guidelines also state the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate constituents analgesics (BCAs) due to the barbiturate constituents. The injured worker has been utilizing Fiorinal since at least 05/08/2013. This medication is considered a barbiturate. Barbiturates are not considered for chronic pain as these have a potential for drug dependence. In addition, the request does not indicate a frequency. Furthermore, it was not indicated when the injured worker last had a urine drug screen. Therefore, the request for Fiorinal #120 is not medically necessary.

Naprosyn 300 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is lack of documentation of efficacy and functional improvement with the use of Naproxen. In addition, the injured worker has been utilizing Naproxen since at least 05/08/2013. The guidelines do not recommend long-term use of NSAIDs. Furthermore, the request does not indicate a frequency for the Naproxen. Therefore, the request for Naprosyn 300 mg #90 is not medically necessary.

Neurontin 300 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs Page(s): 18.

Decision rationale: The California MTUS guidelines recognize Gabapentin/Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is lack of documentation of efficacy and functional improvement with the use of Neurontin. In addition, the request does not indicate a frequency. Therefore, the request for Neurontin 300 mg #90 is not medically necessary.

Ambien 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

Decision rationale: The Official Disability Guidelines recommend Zolpidem as a short-acting non-Benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The documentation submitted does not indicate the injured worker had findings that would support he was at risk for insomnia or sleep disorder. In addition, the injured worker has been utilizing Ambien since at least 07/03/2013. This exceeds the guideline recommendations for short-term use. Furthermore, the request does not indicate a frequency. Therefore, the request for Ambien 10 mg #30 is not medically necessary.