

<b>Case Number:</b>	CM14-0155677		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 62-year-old female with an 8/1/11 date of injury. At the time (8/28/14) of request for authorization for Fioricet 50-325-40, Imitrex 100 mg, and Norco 10/325, there is documentation of subjective complaints are neck pain radiating to left upper extremity with numbness/ tingling and frequent migraines. The objective findings include tenderness, decreased range of motion, and hamstring tightness with straight leg raise. The current diagnoses include lumbar degenerative disc disease and thoracic spine spondylosis. The treatments to date are medications, including ongoing treatment with Norco, Fioricet, Imitrex, and Ambien. Regarding Fioricet 50-325-40, there is no documentation of tension (muscle contraction) headache; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fioricet use to date. Regarding Imitrex 100 mg, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Imitrex use to date. Regarding Norco 10/325, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50-325-40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs). Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain; that 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; and that there is a risk of medication overuse as well as rebound headache. The PDR identifies documentation of tension (or muscle contraction) headache as criteria necessary to support the medical necessity of Fioricet (Butalbital, Caffeine, Acetaminophen). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease and thoracic spine spondylosis. However, there is no documentation of tension (muscle contraction) headache. In addition, given documentation of ongoing treatment with Fioricet, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fioricet use to date. Therefore, based on guidelines and a review of the evidence, the request for Fioricet 50-325-40 is not medically necessary.

**Imitrex 100 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans and Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS does not specifically address this issue. Official Disability Guidelines (ODG) states that Triptans are recommended for migraine sufferers. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease and thoracic spine spondylosis. In addition, there is documentation of migraine. However, given documentation of ongoing treatment with Imitrex, there is no documentation of

functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Imitrex use to date. Therefore, based on guidelines and a review of the evidence, the request for Imitrex 100 mg is not medically necessary.

**Norco 10/325:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment, Hydrocodone/Acetaminophen Page(s): 78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease and thoracic spine spondylosis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 is not medically necessary.