

<b>Case Number:</b>	CM14-0161614		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/09/2005
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Medicine, and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 11/19/2010 due to cumulative trauma. On 02/04/2014, the injured worker presented with tingling pain in the neck, back, left leg and right upper extremity. Current medications include Linzess, Dexilant, Fioricet, oxycodone, Allegra, Flexeril, medicated ointment with Flexeril, Nasacort, Dulera, Singulair and nebulizer treatments. Upon examination of the neck, there was pain radiating into the right hand and fingers which increased when turning the head from side to side, flexing and extending. Examination of the bilateral shoulder noted complaints of intermittent pain and increased pain with rotation, reaching overhead, lifting, and carrying. Examination of the right elbow noted complaints of intermittent pain with pain radiating into the right wrist and hand associated with tenderness with touch numbness, tingling and weakness. The diagnoses were status post cervical spine surgery C4-5, C5-6, and C6-7, cervical disc syndrome, status post right shoulder surgery, right shoulder sprain/strain, right elbow sprain/strain right carpal tunnel syndrome, right De Quervain's tenosynovitis and status post lumbar spine fusion. The current medication list was not provided. The provider recommended Fioricet, Mediderm based topical cream; the provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Retrospective request for fioricet 50/325/40 mg every 8 hours as needed #45 (DOS 7/16/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesics agents (BCAs) Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** The California MTUS does not recommend barbiturate containing analgesic agents or BCAs for chronic pain. The potential for drug dependence is high and there is no evidence to show a clinically important enhancement of analgesic efficacy of EPCs due to barbiturate constituents. There is a risk of medication overuse as well as a rebound headache. As the guidelines do not recommend BCAs for chronic pain, Fioricet would not be indicated. Additionally, the provider does not include the efficacy of the prior use of the medication in the medical documents for review. As such, the request for 1 retrospective request for Fioricet 50/325/40 mg every 8 hours as needed #45 (DOS 7/16/2014) is not medically necessary.

**1 Retrospective request for and flurbiprofen 20%, tramadol 20% in mediderm base 210 gms #1 (DOS 7/16/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (compounded) Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111..

**Decision rationale:** The California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists and alpha adrenergic receptor agonist. There is little to no research to support the use of many of these agents. There is a lack of documentation the injured worker had failed an initial trial of an antidepressants and anticonvulsants. Additionally, the provider's request does not indicate the site at which the medication is indicated for in the request as submitted. The provider does not indicate the frequency of the medication in the request as submitted. As such, the request for 1 retrospective request for and flurbiprofen 20%, Tramadol 20% in Mediderm base 210 gms #1 (DOS 7/16/2014) is not medically necessary.

**1 Retrospective request for gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% in mediderm base 120 gms # 1 (DOS 7/16/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (compounded) Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists and alpha adrenergic receptor agonist. There is little to no research to support the use of many of these agents. There is a lack of documentation the injured worker had failed an initial trial of an antidepressants and anticonvulsants. Additionally, the provider's request does not indicate the site at which the medication is indicated for in the request as submitted. The provider does not indicate the frequency of the medication in the request as submitted. As such, the request for 1 retrospective request for Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% in Mediderm base 120 gms # 1 (DOS 7/16/2014) is not medically necessary.