

Case Number:	CM14-0216434		
Date Assigned:	01/06/2015	Date of Injury:	06/10/2010
Decision Date:	02/25/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 61-year-old man with a date of injury of June 10, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are spinal stenosis; radiculopathy spine, lumbar and leg; sciatica; and spondylolisthesis. Pursuant to the Progress note dated November 13, 2014, the IW reports diminished pain and improving strength and function in the legs. He has discarded his cane. He notes excellent benefit from the support hose to decrease his swelling. There were no subjective complaints. Objective physical findings reveals minimally positive straight leg raise test on the right at 80 degrees, and negative on the left. He had excellent strength and sensation. The treatment plan documentation indicated the IW still had neurogenic pain and spasms and requires additional Fioricet 50/325/40mg, Anaprox 550mg, and Skelaxin 800mg. It is unclear if the Fioricet is a new prescription or a refill. There were no complains of headaches. Progress notes dated August 19, 2014, and September 30, 2014 were reviewed. Medications were not documented. According to a pharmacy invoice dated August 21, 2014, the IW filled prescriptions for Anaprox 550mg, and Metaxalone (Skelaxin) 800mg. There was no evidence of objective functional improvement associated with the ongoing use of Skealxin and Anaprox. There were no detailed pain assessments in the medical record. The current request is for Fioricet 50/325/40mg 1-2 every 4-6 hours X 100 with 1 refill, Skelaxin 800mg 1 po BID # 100 with 12 refill, and Anaprox 55omg 1 po BID #200 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40mg 1-2 every 4-6 hours x100 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Fioricet

Decision rationale: Pursuant to the Official Disability Guidelines, Fioricet 50/325/40 mg 1 to 2 tablets every 4 to 6 hours #100 with one refill is not medically necessary. Fioricet is a barbiturate containing analgesic agent (BCA). BCA's are not recommended for chronic pain. The potential for drug dependence is high and there no evidence exists to show clinically important enhancement of analgesic efficacy of BCA due to the bar to rate constituents. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headaches. In this case, the injured worker's working diagnoses are spinal stenosis; radiculopathy spine, lumbar and leg; sciatica; and spondylolisthesis. A progress note dated November 13, 2014 states the injured worker had diminished pain and improving strength and function in his legs. It was an excellent result from support hose to decrease swelling and no subjective complaints. The treatment plan, however, stated the injured worker still hadn't originate pain and spasms and requires "additional Fioricet 50/325/40 mg? the documentation is unclear as to whether the treating physician increased Fioricet or wrote Fioricet for the first time. There was no clinical indication or rationale of the medical record as to why Fioricet was prescribed. Additionally, your set is not recommended for chronic pain. The request for Fioricet 50/325/40 mg 1 to 2 tablets every 4 to 6 hours #100 with one refill is not medically necessary.

Skelaxin 800mg 1 po BID #100 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Skelaxin 800 mg one tablet PO b.i.d. #100 with one refill is not medically necessary. Muscle relaxants our recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations and chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are spinal stenosis; radiculopathy spine, lumbar and leg; sciatica; and spondylolisthesis. Skelaxin was first documented in a pharmacy invoice dated August 21, 2014. The progress notes did not contain Skelaxin as far back as the pharmacy invoice. The documentation did not contain evidence of

objective functional improvement associated with its use. Additionally, muscle relaxants are indicated for short-term (less than two weeks) treatment of acute low back pain or need to do exacerbate a chronic low back. The treating physician clearly exceeded the recommended guidelines. Consequently, absent clinical documentation to support the ongoing use of Skelaxin with evidence of objective functional improvement in excess of the recommended guidelines, Skelaxin 800 mg one tablet PO b.i.d. #100 with one refill is not medically necessary.

Anaprox 550mg one by mouth two times a day x200 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Anaprox 550 mg one tablet PO b.i.d. #200 with one refill is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For additional details see the official visibility guidelines. In this case, The injured worker's working diagnoses are spinal stenosis; radiculopathy spine, lumbar and leg; sciatica; and spondylolisthesis. Anaprox was first documented in a pharmacy invoice dated August 21, 2014. The documentation did not contain evidence of objective functional improvement associated with its use. Anaprox is an anti-inflammatory drug indicated for the shortest period at the lowest dose in patients with moderate to severe pain. The treating physician exceeded the recommended guidelines in time duration. Consequently, absent clinical documentation to support the ongoing use of Anaprox with objective functional improvement in excess of the recommended guidelines (shortest period at the lowest dose), Anaprox 550 mg one tablet PO b.i.d. #200 with one refill is not medically necessary.