

<b>Case Number:</b>	CM14-0219002		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	05/28/2004
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 67 year old female, who sustained an industrial injury on 05/28/2004 when a branch caught her leg causing her to fall on her hands and knees. She has reported pain in the neck, hand and back and was diagnosed with cervical and lumbar discopathy and radiculopathy as well as carpal tunnel syndrome. Treatment to date has included oral and topical pain medications. Currently the IW complains of continued pain in the neck and lower back with numbness and tingling of the bilateral upper and lower extremities. The hand pain was noted to be somewhat reduced with oral and topical medications. Neck pain was noted to be aggravated by turning or extension of the neck. There was no documentation as to the severity of pain. There was also no documentation of how the pain was affecting ADL's and any documentation of specific functional improvement with the use of medications. A request for Maxalt, Floricet and Nalfon was made to assist with the continuing signs and symptoms. On 12/22/2014, Utilization Review non-certified a request for Maxalt 5 mg #18, Floricet 50/325/40 mg #60 and Nalfon 400 mg #90, noting that there was no documentation from the physician regarding functional improvement. MTUS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Maxalt 5 mg, eighteen count:** 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 [www.drugs.com/maxalt](http://www.drugs.com/maxalt)

**Decision rationale:** This 67 year old female has complained of neck, back and hand pain since date of injury 5/28/04. She has been treated with physical therapy and medications. The current request is for Maxalt. Maxalt is a medication indicated for the treatment of migraine headaches. The available medical documentation does not include a diagnosis of migraine headaches in this patient and there is no provider rationale explaining the use of this medication. On the basis of the available medical records and per the guidelines cited above, Maxalt is not indicated as medically necessary.

**Fioricet 50/325/40 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web-Based Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics Page(s): 24.

**Decision rationale:** This 67 year old female has complained of neck, back and hand pain since date of injury 5/28/04. She has been treated with physical therapy and medications to include Fioricet since at least 06/2014. Per the MTUS guidelines cited above, Fioricet (BCA), a barbiturate containing analgesic, is not recommended for the treatment of chronic pain. On the basis of the MTUS guidelines, Fioricet is not indicated as medically necessary in this patient.

**Nalfon 400 mg, ninety count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web-Based Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** This 67 year old female has complained of neck, back and hand pain since date of injury 5/28/14. She has been treated with physical therapy and medications to include NSAIDS since at least 05/2014. The current request is for Nalfon. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least a 5 month duration. There is no documentation in the available medical records discussing the rationale for

continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Nalfon is not indicated as medically necessary in this patient.