

<b>Case Number:</b>	CM15-0018712		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old female who sustained an industrial injury on 12/08/2010. She has reported neck pain, left side of the head, left wrist, left low back and left leg. Diagnoses include carpal tunnel release with continued symptoms, C5-6 disc herniations, mild L5-S1 discopathy. Treatments to date include extensive treatment to the neck and right shoulder including right shoulder surgery. She met criteria for maximal medical improvement on 2/7/2013, but did have an allowance for her hands which occurred with right carpal tunnel release in July 2014 and left carpal tunnel release in March 2014 with excellent results. A progress note from the treating provider dated 08/07/2014 is for an orthopedic re-evaluation and treatment in follow up of her work related injury to her neck and bilateral hands/wrists. On physical exam she is noted to have a mild torticollis with a positive compression test and Spurlings maneuver bilaterally, she has tenderness and muscle spasm with pain on scapular retraction. The bilateral levator scapula has swelling /inflammation and there is trapezius muscle spasm and tenderness. She is status post Carpal tunnel surgery with mild residuals, she has a cervical C5-6 and C6-7 herniated nucleus pulposus, and mild L5-S1 discopathy. In a note of 12/11/2014, the provider states the IW has cervical and lumbar spine and left leg pain that she rates at 7-8 /10. The IW takes ibuprofen as well as Fiorinal for headaches. Surgery is pending in the form of a C5-6 and C6-7 anterior cervical discectomy and fusion with instrumentation. No approval for the surgery has been received. On 01/08/2015 Utilization Review non-certified a request for Fiorinal, noting that based on the review of the submitted medical documentation, this medication is not medically necessary. Official Disability Guidelines: Barbiturate-containing

analgesic agents were cited. On 01/08/2015 Utilization Review non-certified a request for Ibuprofen noting that NSAIDS (non-steroidal anti-inflammatories are recommended for only short-term use. There was no reason why a prescribed and intermittently utilized over the counter NSAID would not be reasonably applicable. The MTUS Chronic Pain Guidelines were cited

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ibuprofen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs); Osteoarthritis, Ba.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with persistent headaches and aching pain in the neck rated 6-7/10, with associated intermittent tingling and numbness to the upper extremities. Patient also reports aching pain in the lower back. The patient's date of injury is 12/08/10. Patient is status post right carpal tunnel release surgery in July 2014, and left carpal tunnel release in March 2014. The request is for IBUPROFEN. The RFA is dated 12/11/14. Physical examination dated 01/08/15 revealed mild torticollis bilaterally, markedly positive head compression sign, positive Spurling's test bilaterally, and tenderness/spasm of the cervical paraspinal muscles. Treater also notes pain on scapular retraction and swelling to the bilateral levator scapula. Neurological examination finds decreased bilateral biceps and triceps reflexes, weakness of the deltoid musculature, and weak hand grip bilaterally. Lumbar spine examination reveals tenderness to palpation of the thoracolumbar spine down to the base of the pelvis, tender buttocks bilaterally. The patient is currently prescribed Gabapentin and Floricet. Diagnostic imaging was not included. Patient is classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regards to the request for Ibuprofen, the treater has not specified an amount to be dispensed. NSAIDs such as Ibuprofen are considered first line medication for complaints of this type, though without a quantity of the medication to be dispensed the medical necessity cannot be substantiated. Furthermore, there is no discussion regarding medication efficacy in terms of pain reduction and functional improvement as required by MTUS. Therefore, the request IS NOT medically necessary.

**Fiorinal:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Barbiturate-containing analgesic agent

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics BCA's Page(s): 23.

**Decision rationale:** The patient presents with persistent headaches and aching pain in the neck rated 6-7/10, with associated intermittent tingling and numbness to the upper extremities. Patient also reports aching pain in the lower back. The patient's date of injury is 12/08/10. Patient is status post right carpal tunnel release surgery in July 2014, and left carpal tunnel release in March 2014. The request is for FIORINAL. The RFA is dated 12/11/14. Physical examination dated 01/08/15 revealed mild torticollis bilaterally, markedly positive head compression sign, positive Spurling's test bilaterally, and tenderness/spasm of the cervical paraspinal muscles. Treater also notes pain on scapular retraction and swelling to the bilateral levator scapula. Neurological examination finds decreased bilateral biceps and triceps reflexes, weakness of the deltoid musculature, and weak hand grip bilaterally. Lumbar spine examination reveals tenderness to palpation of the thoracolumbar spine down to the base of the pelvis, tender buttocks bilaterally. The patient is currently prescribed Gabapentin and Floricet. Diagnostic imaging was not included. Patient is classified as permanent and stationary. MTUS Guidelines, page 23, in regards to Barbiturate containing analgesics BCA's- such as Fiorinal - states: "Not recommended for chronic pain. 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. There is a risk of medication overuse as well as rebound headache." In regards to the request for Fiorinal - which contains Aspirin, Butalbital, and Caffeine - for the management of this patient's chronic pain and headaches, guidelines do not support the use of such medications for chronic pain. While this patient presents with multilevel cervical and lumbar discopathy with associated headaches, barbiturate containing medications are not supported by guidelines owing to high abuse-risk potential, dependence risk, and a risk of rebound headaches following administration. Furthermore, the request does not specify an amount to be dispensed. Therefore, the request IS NOT medically necessary.