MAXIMUS Federal Services

Case Number:	CM15-0121283		
Date Assigned:	07/02/2015	Date of Injury:	01/04/2014
Decision Date:	08/26/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/23/2015

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 is a 56 year old female, who sustained an industrial injury on 01/04/2014. She has reported injury to the head, neck, and left shoulder. The diagnoses have included closed head injury with concussion; cervical sprain with radicular symptoms; cervical disc herniation, C6-7 with C7 nerve root impingement; and left shoulder rotator cuff tendinitis. Treatment to date has included medications, diagnostics, injections, acupuncture, and physical therapy. Medications have included Norco, Flexeril, Gabapentin, Relafen, and Fioricet. A progress note from the treating physician, dated 05/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased pain in her left shoulder; neck pain with bilateral radicular pain, predominately the left side; numbness and tingling in the left upper extremity; severe headaches have worsened recently; and the medication provides some pain relief. Objective findings included limited range of motion of the cervical spine with pain; and limited range of motion of the left shoulder. The treatment plan has included the request for Norco 5/325mg #60; Flexeril 10mg #30 (script with 2 refills); Relafen 750mg #60 with 2 refills; and Fioricet #60 as needed for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient complains of left shoulder pain, neck pain radiating to left upper extremity, numbness and tingling in the left upper extremity, and severe headaches, as per progress report dated 05/15/15. The request is for NORCO 5/325 mg #60. There is no RFA for this case, and the patient's date of injury is 01/04/14. Diagnoses, as per progress report dated 05/15/15, included moderate disc herniation at C5-6 with C7 nerve root impingement, closed head injury with concussion, cervical sprain with radicular symptoms, and left shoulder rotator cuff tendinitis. Medications included Norco, Flexeril, Relafen, and Fioricet. The patient is status post left shoulder arthroscopy on 06/15/15, after the UR denial date, and is off work, as per progress report dated 05/15/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Pages 80,81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, the patient has been taking Norco at least since 03/03/15. The treater, however, does not use a pain scale to demonstrate reduction in pain due to Norco nor does the treater provide specific examples that indicate improvement in function. There is no discussion regarding side effects of this medication. Additionally, no UDS or CURES reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request is not medically necessary.

Flexeril 10mg #30 (script with 2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient complains of left shoulder pain, neck pain radiating to left upper extremity, numbness and tingling in the left upper extremity, and severe headaches, as per progress report dated 05/15/15. The request is for FLEXERIL 10 mg # 30. There is no RFA for this case, and the patient's date of injury is 01/04/14. Diagnoses, as per progress report dated 05/15/15, included moderate disc herniation at C5-6 with C7 nerve root impingement, closed head injury with concussion, cervical sprain with radicular symptoms, and left shoulder rotator

cuff tendinitis. Medications included Norco, Flexeril, Relafen, and Fioricet. The patient is status post left shoulder arthroscopy on 06/15/15, after the UR denial date, and is off work, as per progress report dated 05/15/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription for Flexeril was first noted in progress report dated 03/03/15, and the patient has been taking the medication at least since then. In the report, the treater states that Flexeril helps "reduce muscle spasms and help with sleep." The treater, however, does not document efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS only recommends only short-term use of muscle relaxants. Hence, the request is not medically necessary.

Relafen 750mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60, 61.

Decision rationale: The patient complains of left shoulder pain, neck pain radiating to left upper extremity, numbness and tingling in the left upper extremity, and severe headaches, as per progress report dated 05/15/15. The request is for RELAFEN 750mg #60. There is no RFA for this case, and the patient's date of injury is 01/04/14. Diagnoses, as per progress report dated 05/15/15, included moderate disc herniation at C5-6 with C7 nerve root impingement, closed head injury with concussion, cervical sprain with radicular symptoms, and left shoulder rotator cuff tendinitis. Medications included Norco, Flexeril, Relafen, and Fioricet. The patient is status post left shoulder arthroscopy on 06/15/15, after the UR denial date, and is off work, as per progress report dated 05/15/15. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, prescriptions for Relafen are noted at least since 03/03/15. The purpose of the medication is to "reduce pain and inflammation." The treater, however, does not document efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60. Given the lack of relevant documentation, the request is not medically necessary.

Fioricet #60 as needed for headaches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs); Fioricet Page(s): 23, 47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Pain (Chronic)' Chapter under 'Barbiturate-containing analgesic agents (BCAs)'.

Decision rationale: The patient complains of left shoulder pain, neck pain radiating to left upper extremity, numbness and tingling in the left upper extremity, and severe headaches, as per progress report dated 05/15/15. The request is for FIORICET # 60 AS NEEDED FOR HEADACHES. There is no RFA for this case, and the patient's date of injury is 01/04/14. Diagnoses, as per progress report dated 05/15/15, included moderate disc herniation at C5-6 with C7 nerve root impingement, closed head injury with concussion, cervical sprain with radicular symptoms, and left shoulder rotator cuff tendinitis. Medications included Norco, Flexeril, Relafen, and Fioricet. The patient is status post left shoulder arthroscopy on 06/15/15, after the UR denial date, and is off work, as per progress report dated 05/15/15. ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Barbiturate-containing analgesic agents (BCAs)', states that Fioricet is "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. (McLean, 2000) 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 headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates." In this case, the use of Fioricet is first documented in progress report dated 05/15/15. As per the report, the patient suffers from severe and worsening headaches and the medication has been prescribed to manage this pain. In progress report dated 06/02/15, after the UR denial date, the treater states that "Fioricet is not really effective in relieving her headaches." Additionally, ODG guidelines, however, do not recommend Barbiturate-containing analgesics for chronic pain. Hence, the request is not medically necessary.