MAXIMUS Federal Services

Case Number:	CM15-0121587		
Date Assigned:	07/02/2015	Date of Injury:	01/22/1987
Decision Date:	08/10/2015	UR Denial Date:	05/29/2015
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: New York
Certification(s)/Specialty: Pediatrics, 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 is a 64 year old female, who sustained an industrial injury on 1/22/1987. She reported a low back and neck injury after slipping and falling. She is noted to have a history of neck injury with cervical fusion when she was 19 years old. The injured worker was diagnosed as having bipolar disorder unspecified, and lumbar radiculopathy. Treatment to date has included medications, low back surgery.The request is for Esgic tablets 50/325 mg #120, with no refills. On 12/11/2014, she complained of chronic pain since the age of 19, current pain is not indicated in the documentation. On 1/8/2015, her blood pressure is noted to be 168/73, and pulse 91. She rated her pain 7. On 2/11/2015, her blood pressure is noted to be 183/95, and her pulse was 123. Medications refilled on this date were: Esgic and Percocet. The subjective and additional objective findings are not available for this review. On 4/9/2015, her blood pressure is noted to be 185/89, pulse 82, and pain index is 6. She denies any adverse effects of her medications. She reported increased activities of daily living from the use of her medications and is showing no evidence of aberrant drug taking behaviors. Her recent urine drug test of the same day was in compliance with HELP risk stratification, and CURES report on the same date shoed no alternate prescribers or duplicate prescriptions, as well as, a pill count was reconciled in compliance with HELP risk stratification. She was given a refill of Esgic tablet 1-2 by mouth every 6 hours, and Percocet. The subjective and additional objective findings are not available for this review. The records indicated she has been utilizing Esgic and Percocet since at least October 2014, possibly longer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esgic 50/325mg #120 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; Barbiturate containing analgesic agents (BCAs); Fioricet Page(s): 111, 23, 47. Decision based on Non-MTUS Citation uptodate.com.

Decision rationale: Per Drugs.com Esgic is a combination of: Acetaminophen, Butalbital (Fioricet), and caffeine.The CA MTUS and ODG do not specifically address Esgic. The CA MTUS and ODG guidelines state that Butalbital is a Barbiturate containing analgesic agent (BCA) and 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. There is a risk of medication overuse as well as rebound headache. Per the MTUS guidelines, Acetaminophen is recommended for the treatment of chronic pain & acute exacerbations of chronic pain. Esgic is FDA approved for tension and muscle contraction headaches, there is no mention of these in the documentation. Therefore, the request of Esgic tablets 50/325 mg #120, with no refills are not medically necessary.