

Case Number:	CM15-0171989		
Date Assigned:	10/01/2015	Date of Injury:	01/01/1989
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 1-1-1989. A review of the medical records indicates that the injured worker is undergoing treatment for Dupuytren's contractures of the hands and feet, cervical post-laminectomy syndrome status post anterior posterior fusion of C5-C6, C6-C7, and C7-T1 with residuals, bilateral upper extremity radiculopathy, right greater than left, status post left arthroscopic shoulder surgery in 2003, lumbar myoligamentous injury with bilateral lower extremity radiculopathy, chronic bronchitis-pneumonitis with hyperactive airway disease, steroid dependent, medication induced gastritis-colitis-GERD-IBD, severe osteoporosis, and right shoulder internal derangement. On 8-11-2015, the injured worker reported neck pain with cervicogenic headaches as well as radicular symptoms to both upper extremities, rated as 8 in intensity on a 0 to 10 scale, increased from 7 out of 10 on 6-16-2015. The Treating Physician's report dated 8-11-2015, noted the injured worker steroid dependent receiving Fosamax and vitamin D-calcium, remaining miserable due to his ongoing neck pain with bilateral upper extremity radicular symptoms and associated cervicogenic headaches. The injured worker was noted to be ready to proceed with permanent spinal cord stimulator (SCS) implant. The injured worker's current medications were noted to include Norco, Anaprox DS, Prilosec, Imitrex, Fosamax, Fioricet, prescribed since at least 3-12-2014, Belladonna alkaloids with Phenobarbital, prescribed since at least 3-12-2014, Neurontin, Lidopro ointment, Flexeril, prescribed since at least 3-12-2014, Ramipril, Prednisone prn, and Gaviscon. The physical examination was noted to show tenderness in the cervical musculature bilaterally, with decreased sensation along the posterior lateral arm and forearm and significant

Dupuytren's contractures to both hands. The lumbar spine was noted to have pain to palpation of the lumbar musculature with decreased muscle tone and positive straight leg raise bilaterally, with decreased sensation in the lower extremities bilaterally at the L4 distribution, right greater than left. Prior treatments have included cervical and thoracic spine fusion in 2010, trigger point injections, spinal cord stimulator (SCS), and medications including Medrol, Naproxen, Butalbital-APAP-Caffeine, Cyclobenzaprine, Sumatriptan, Hydrocodone-APAP, Gabapentin, Donnatol, Levofloxacin, Imitrex, Prilosec, Gaviscon, Zanaflex, and Nexium DR. The treatment plan was noted to include a urine drug screen (UDS), a cervical spinal cord stimulator (SCS) trial, four trigger point injection received to the posterior cervical and lumbar musculatures, refill of medications, and request for an evaluation by an upper extremity specialist. The request for authorization was noted to have requested Norco 10-325mg #120, Neurontin 300mg #90, Fosamax 70mg #4, Gaviscon 480ml, Fioricet #120, Flexeril 10mg # 90, and Donnatol #90. The Utilization Review (UR) dated 8-25-2015, conditionally non-certified the request for Norco 10-325mg #120, certified the requests for Neurontin 300mg #90, Fosamax 70mg #4, and Gaviscon 480ml, and non-certified the requests for Fioricet #120, Flexeril 10mg # 90, and Donnatol #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The California MTUS section on the requested medication states: Barbiturate-containing analgesic agents (BCAs) 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) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The patient has no documented significant objective improvements in pain or function directly due to this medication. Therefore, the request is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007)

(Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing cervical neck pain this is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Donnatal #90: 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), Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) medical food.

Decision rationale: The California chronic pain medical treatment guidelines and the ACOEM do not specifically address the requested medication. The ODG states that medical foods are not considered medically necessary except in those cases in which the patient has a medical disorder, disease or condition for which there are distinctive nutritional requirements. The patient has no such documented diagnosis due to industrial incident. The criteria per the ODG have not been met and therefore the request is not medically necessary.