

Case Number:	CM15-0070003		
Date Assigned:	04/17/2015	Date of Injury:	01/30/2002
Decision Date:	05/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 1/30/02. She reported pain in her neck that radiated to her left shoulder, arm, hand and fingers. The injured worker was diagnosed as having cervical facet arthropathy and cervicgia. Treatment to date has included a cervical fusion, cervical facet blocks, physical therapy and pain medications. As of the PR2 dated 3/19/15, the injured worker reports pain in the thumb and fifth finger. She is scheduled for a cervical epidural injection on 3/24/15. The treating physician requested to continue Flexeril 10mg #30, Norco 10/325mg #30 and Floricet #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXERS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for radiating neck pain. When seen, medications including Norco are referenced as successfully suppressing her pain. There was decreased cervical spine range of motion with decreased left upper extremity sensation. Medications were refilled and an epidural steroid injection was requested. Medications include Norco at a total MED (morphine equivalent dose) of 30 mg per day. Fioricet and Flexeril are being prescribed on a long term basis. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary. Additionally, a tricyclic antidepressant medication might also be considered for the treatment of her headaches.

NORCO 10/325MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for radiating neck pain. When seen, medications including Norco are referenced as successfully suppressing her pain. There was decreased cervical spine range of motion with decreased left upper extremity sensation. Medications were refilled and an epidural steroid injection was requested. Medications include Norco at a total MED (morphine equivalent dose) of 30 mg per day. Fioricet and Flexeril are being prescribed on a long term basis. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are referenced as suppressing the claimant's pain. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

FLORICET #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Assessment Approaches, p6 (2) Barbiturate-containing analgesic agents (BCAs), p23 Page(s): 6, 23.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for radiating neck pain. When seen, medications including Norco are referenced as successfully suppressing her pain. There was decreased cervical spine range of motion with decreased left upper extremity sensation. Medications were refilled and an epidural steroid injection was requested. In terms of her headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Fioricet is not medically necessary.