

Case Number:	CM15-0073611		
Date Assigned:	04/28/2015	Date of Injury:	02/09/2012
Decision Date:	05/26/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/17/2015

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:

This 55 year old female sustained an industrial injury on 2/9/12. She subsequently reported neck pain. Diagnoses include headaches and neck pain. Treatments to date have included nerve modified work duty, physical therapy, acupuncture, orthotics and prescription pain medications. The injured worker continues to experience neck pain and headaches. Upon examination, there was an increase in dorsal kyphosis noted. A request for Esgic Plus 5/325/40 MG as needed for headaches was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esgic Plus 5/325/40 MG As Needed for Headaches: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 23.

Decision rationale: Based on the 03/17/15 progress report provided by treating physician, the patient presents with neck pain and headaches. The request is for ESGIC PLUS 5/325/40MG as

needed for headaches. RFA was provided with sole report. Patient's diagnosis includes headaches and neck pain. Treatments to date have included nerve modified work duty, physical therapy, acupuncture, orthotics and prescription pain medications. Patient medications include Esgic Plus and Nrotriptyline. The patient is doing exercises twice a week. The patient works 30 hours per week, per 03/17/15 treater report. 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." Medications have been filled, per 03/17/15 treater report. It is not known when Esgic Plus was initiated. Treater has not documented medication efficacy. Nonetheless, MTUS does not support Barbiturate-containing analgesic agents for chronic pain due to high abuse-risk potential, dependence risk, and a risk of rebound headaches following administration. Therefore, the request IS NOT medically necessary.