

<b>Case Number:</b>	CM15-0074061		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	04/12/1999
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, California  
 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 52 year old male, who sustained an industrial injury on 04/12/1999. According to a progress report dated 03/27/2015, the injured worker was seen for chronic multiregional pain syndrome. He had a progressive increase in neck and arm pain. Pain was associated with numbness and weakness in the fingers. There was a progressive increase in back and leg pain with a tingling and numbness sensation. He reported frequent attack of headaches and anxiety secondary to pain. The provider noted that they were awaiting approval for psychological evaluation and management and cervical epidural steroid injection and lumbar epidural steroid injection to break the cycle of pain and allow medication to work better. Current medications included Lunesta, Norco, Nexium and Fioricet. Past medical history included a history of migraines and a hiatal hernia. Examination of the lower back demonstrated paravertebral tenderness, tenderness of the thoracic region, paraspinal tenderness and spasm, positive straight leg raise at 30 degrees on the right and 45 degrees on the left, weakness along L4 and L5 distributions and decreased sensation along L4 and L5 distribution. Examination of the cervical spine demonstrated positive Spurling test, decreased sensation of the left C7, weakness in hand grip on the right side and paraspinal tenderness. Assessments included lumbar radicular pain primary left sided, pain cervical, neuralgia, lumbago, disc disease and pain facial/headache, bilateral greater occipital neuralgia. Treatment plan included continuation of Lunesta, Norco, Nexium and Fioricet, cervical and lumbar epidural steroid injection x 2 weeks apart upon approval and a psychological evaluation and management for anxiety secondary to pain upon approval. Currently under review is the request for 1 cervical epidural steroid

injection and 1 prescription of Fioricet 50/300/40mg. Physical examination of the cervical spine revealed positive cervical orthopedic testing, decreased sensation in C7 dermatome, weakness in right hand, cervical paraspinal tenderness. The patient had received 7 ESI in cervical and 8 ESI in lumbar region.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 Cervical Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program". Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)". Radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing was not specified in the records provided. Consistent objective evidence of upper extremity radiculopathy was not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The patient has received a course of physical therapy in June 2014 for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the cervical ESI. As stated above, ESI alone offers no significant long-term functional benefit. The patient had received 7 ESI in cervical and 8 ESI in lumbar region. Per the cited guidelines, "repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks". There was no evidence of objective documented pain and functional improvement, including at least 50% pain relief for six to eight weeks after the previous cervical ESIs. Any evidence of associated reduction of medication use was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is that the request for Cervical Epidural Steroid Injection is not medically necessary or fully established for this patient.

**(1) Prescription of Fioricet 50/300/40mg: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/30/15)Barbiturate-containing analgesic agents (BCAs).

**Decision rationale:** Fioricet contains a combination of acetaminophen, butalbital, and caffeine. Butalbital is a barbiturate with an intermediate duration of action. Butalbital is often combined with other medications, such as acetaminophen (paracetamol) or aspirin, and is commonly prescribed for the treatment of pain and headache. As per cited guideline, "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 Barbiturate-containing analgesic agents are not recommended as per the cited guidelines. He is already on other medications for pain including Norco. The response to these medications is not specified in the records provided. The rationale for adding fiorocet is not specified in the records provided. The request for Prescription of Fioricet 50/300/40mg is not medically necessary or fully established in this patient.