

<b>Case Number:</b>	CM15-0093969		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	11/19/2002
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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:

The injured worker is a 47 year old female who sustained an industrial injury on November 19, 2002. She has reported pain in the hand, neck, and wrist and has been diagnosed with cervical radiculopathy, radiculopathy, abnormality of gait, degenerative disc disease, lumbar, herniated lumbar disc, fibromyalgia/myositis, and unspecified neuralgia neuritis and radiculitis. Treatment has included medications, physical therapy, medical imaging, TENS unit, injection, and surgery. Cervical spine noted palpable twitch positive trigger points are in the muscles of the head and neck, specifically. Anterior flexion is noted to be 40 degrees. There was pain noted when the neck was flexed anteriorly. There was pain noted with extension of the cervical spine. There was painful left lateral rotation of the cervical spine. Inspection of the lumbar spine revealed no scoliosis. Straight leg raise was normal on the right and the left. Palpation of the lumbar facet revealed pain on both sides at L3-S1 region. There was pain with lumbar extension. The treatment request included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 50mcg/hr transdermal patch 1 patch Q72H for 30 days: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS ,Medications for chronic pain Page(s): 88-89, 76-78, 60-61.

**Decision rationale:** Review of records show that the patient was prescribed Ibuprofen on 06/2014. The physician documents on 04/15/2015, "It is noted that the patient requires continuative palliative medications to be prescribed as the medications provide temporary relief from the physical symptoms of the injury which was sustained." Given the patient's chronic pain and support by the guidelines for the use of NSAIDs as first line analgesic, the request IS medically necessary.

**Floriet 50mg 325mg 40mg; one TID PRN for 30 days #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation website <http://www.drugs.com/imprints/fioricet-s-logo-560.html>.

**Decision rationale:** According to the 05/04/20145 report, this patient presents with neck pain, hand, and wrist pain. The current request is for Floriet [Florcet] 50mg 325mg 40mg; one TID PRN for 30 days #90. Florcet contains acetaminophen/butalbital/caffeine and it is used in the treatment of headache. This medication was first mentioned in the 02/06/2015 report; it is unknown exactly when the patient initially started taking this medication. In reviewing of the provided report, the treating physician states the patient has noticed an increase in left side headaches. However, there were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, the treating physician does not mention how this medication has been helpful in any way. The request is not medically necessary.

**Norco 7.5/325mg; one TID PRN for 30 days, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Medications for chronic pain Page(s): 88-89, 60-61.

**Decision rationale:** According to the 05/04/20145 report, this patient presents with neck pain, hand, and wrist pain. The current request is for Norco 7.5/325mg; one TID PRN for 30 days, #90. This mentioned in the 02/06/2015 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review.

The patient's work status is not working. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the provided reports, the treating physician states "No signs of adverse effects from medication and patient shows increased activity of daily living on current regimen. CURES report reviewed." However, there is no documentation of pain assessment using a numerical scale describing the patient's pain. No documentation discussing functional improvement, specific ADL's or returns to work. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to clearly document the 4 A's analgesia, ADL's, adverse side effects, adverse behavior as required by the MTUS. Therefore, the request is not medically necessary.

**Prilosec 20mg one QD for 30 days #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 05/04/20145 report, this patient presents with neck pain, hand, and wrist pain. The current request is for Prilosec 20mg one QD for 30 days #30. This medication was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's work status is not working. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: 1. age > 65 years; 2. history of peptic ulcer, GI bleeding or perforation; 3. concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4. high dose/multiple NSAID -e.g., NSAID + low-dose ASA. MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.