

Case Number:	CM17-0012593		
Date Assigned:	01/25/2017	Date of Injury:	11/27/2016
Decision Date:	02/23/2017	UR Denial Date:	01/09/2017
Priority:	Standard	Application Received:	01/18/2017

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, Washington

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:

This case involves a now 50-year-old male with a history of an occupational claim from 11/27/2016. The mechanism of injury is detailed as a trailer coming unhinged and striking the patient on the head. The current diagnoses were documented as a contusion of the head, scalp laceration, cervical spine strain/sprain, right shoulder strain/sprain, right inguinal strain/sprain. Prior treatment included Norco. An x-ray of the skull and face performed on an unknown date revealed no fracture. On 12/16/2016, the patient presented with constant headache pain. The pain was predominantly toward the front side of the head, increasing with bright lights and loud noises. On physical examination, pupils were equally reactive to light and accommodation reflex. On inspection of the cranial nerves revealed no localizing or lateralizing signs indicative of a higher cerebral trauma. Range of motion in the cervical spine was slightly decreased with 45° of forward flexion, and 55° of extension. Palpation of the cervical spine revealed tightness, spasm, and muscle guarding at the trapezius, sternocleidomastoid and strap muscles bilaterally. There was a positive Spurling's test bilaterally, and a positive foraminal compression test. There was decreased sensation in the cervical spine bilaterally at C7 and C8. The treatment plan included providing the patient with ongoing care, recommending a CT scan, and the requests for physical therapy 2x6 for the head, Ultram ER 100 mg #60, and Fioricet #120. The request for authorization form was signed on 12/16/2016. The requests were previously denied on 01/09/2017. The request for physical therapy had been previously modified to 6 visits based on guideline recommendations for physical therapy for headaches. The Ultram had been previously denied due to the patient not being documented to have failed a trial of non-opioid analgesics

prior to the request. The Fioricet had been previously denied due to barbiturate-containing analgesic agents not being recommended by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6 for the head was the original request. Physical therapy 1 times 6 for the head was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Physical therapy 1 times 6 for the head is: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Physical therapy.

Decision rationale: According to the ACOEM Guidelines, physical methods such as physical therapy are recommended as an early physical intervention, with outcomes for success increasing when the physician gives the therapist a specific diagnosis of the lesion causing the patient's symptoms, and when treatment goals are clearly stated. According to the Official Disability Guidelines, treatment for headaches consists of 6 visits over 6 weeks. Although an initial trial of physical therapy would be appropriate, the original amount of 12 sessions requested exceeds guideline recommendations for an initial trial. There was no documentation of exceptional factors to warrant 12 initial sessions. Therefore, given the above, the remaining portion of the request, 6 sessions of physical therapy for the head is not medically necessary.

Ultram ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3.3.9 Opioids for Chronic Pain and Chronic Opioid Treatment: Maintenance of Chronic Opioid Treatment.

Decision rationale: According to California MTUS Opioid Treatment Guidelines, there should be documentation of the four A's at each visit during the maintenance phase of chronic opioid treatment. If the patient fails to meet any of the four criteria, the treatment should be reevaluated, including consideration of tapering. Documentation of the four A's includes meaningful improvement in level of pain (analgesia); meaningful improvement in pain interference or function (activity); whether the medication is causing severe side effects (adverse events); and current substance use disorder or evidence of diversion (aberrant behavior). In the request for authorization submitted, the request for Ultram was noted to be a refill. However, it was unclear how long the patient had been on Ultram, as an additional clinical note dated 12/16/2016

indicated the patient's medications consisted of Norco. However, there was no documentation submitted for review indicating the patient had undergone sufficient monitoring for potential aberrant behavior, including a urine drug screen. Additionally, there was no indication that the patient gained significant functional improvement or relief in levels of pain from the use of opioid medications. Therefore, given the above, the request for Ultram ER 100mg #60 is not medically necessary. This medical necessity decision should not be interpreted as a recommendation to stop long-term opioids abruptly and the patient is advised to speak with their treating physician. The treating physician and the patient are advised to consult the MTUS Opioids Treatment Guidelines (Tapering opioids), and if necessary, other relevant guidelines, regarding the most appropriate method for weaning and terminating opioids for this patient.

Fioricet #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Barbiturate-containing analgesic agents (BCAs).

Decision rationale: Regarding barbiturate containing analgesics such as Fioricet, for acute pain conditions, the California MTUS and ACOEM Guidelines do not address, so the Official Disability Guidelines were cited. According to the ODG, Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. The documentation submitted for review indicates the patient has been experiencing pain in the head and neck region. However, use of Fioricet is not supported by the guidelines. Also, the requested dosage strength was not specified. Therefore the request for Fioricet #120 is not medically necessary.