

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

[Date notice sent to all parties]: May 5, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Fioricet 50-300-40 mg capsules, take one pot id, quantity 30 for 30 day supply, no refills

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified in Anesthesiology with over 12 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who reportedly sustained an injury to her left arm and head when she fell down some stairs on xx/xx/xx. Treatments have included PT and s/p carpal tunnel release and shoulder surgery. Fioricet has now been prescribed for tension headache and muscle contraction.

06-05-09: MR Brain W/WO Contrast & MRI of the Cervical Spine W/WO Contrast. Impression: 1. No intracranial abnormality. 2. Mild patchy paranasal sinus mucosal thickening as described above. Please correlate clinically for sinusitis. No paranasal sinus air-fluid levels are appreciated. 3. Mildly asymmetric prominence of the right lacrimal gland may be within the realm of

normal variability. No abnormal mass is identified within the orbits bilaterally. Recommend follow up examination in 3 to 6 months to evaluate for stability. Clinical follow-up is suggested as well. Impression: 1. Small disc protrusions at C4-C5 and C5-C6 as described above. Both of these lightly contract the ventral aspect of the cord without cord flattening or critical canal stenosis. There is only a mild thecal sac narrowing at the level of these disc protrusions. 3. Exceedingly small disc protrusion at C6-7.

09-16-10: Initial Office Visit. Claimant presented for treatment and management of her chronic neck pain and headaches, attributed to injury sustained on xx/xx/xx when she fell down from several flight of stairs and resulted in multiple injuries involving the neck, shoulders, wrists and knees. PT and pain medications for the neck pain afforded only temporary relief. Claimant complained of persistent pain in the neck that radiates to the mid back and right shoulder girdle area, pain shooting down to the upper extremities with numbness and tingling in the arms and hands. She complained of pain and tightness in the neck and has some weakness in the right upper extremity. She continues to experience headaches. Her pain is aggravated by almost all daily activities of daily living especially that involves lifting, and abrupt head movement, described as aching, stabbing, continuous and unbearable at times rated at 8/10 at worse and 4/10 at best. Current medications: Lisinopril 10mg, Elavil 25 mg, Zoloft 50 mg, and Mobic 7.5 mg. ROS: CNS: headaches, dizziness; musculo-skeletal: neck pain, arm pain, paresthesias, weakness; psychiatric: positive for anxiety and depression. PE: SPINE: Cervical spine showed straightening of the normal lordosis. AROM of the neck is restricted with pain at the end of range and with some grinding noted. Axial compression of the head is productive of pain at the base of the neck but with equivocal Spurling sign. There is tenderness of the cervical spinous processes and paracervical muscles. There is tenderness at the splenius capitis and superior nuchal line. There is tightness of the right paracervical, upper trapezius, and rhomboids with trigger points identified. There is also tenderness noted at the scapular area. The thoracic spine showed some tenderness at the upper spinous processes. There is also some tenderness noted at the medial border of the scapula. Impressions: chronic neck pain unresponsive to conservative treatments, discogenic neck pain with radiculopathy, suboccipital neuralgia, myofascial pain syndrome, S/P right subacromial decompression, S/P bilateral carpal tunnel release. Recommendations: 1. Claimant would benefit from deactivation of trigger points as well as nerve block to the suboccipital nerve to decrease the pain and headaches. 2. She would benefit from cervical ESI to decrease pain and radicular symptoms. 3. She will continue to follow-up care as well as medications prescribed. Prescriptions given for Amrix for tight muscles and Dolgic Plus for headaches. 4. She will be seen again for injection pending approval.

10-14-10: Follow-up and Procedure Note. Main problem: left shoulder girdle pain. Impression: myofascial pain syndrome 729.1. Procedure: TP injection > 3 20553.

12-16-10: Electrodiagnostic Study Report. Impression: There are electrophysiologic findings of right C6-7 nerve root irritation with no evidence of frank radiculopathy. There are no electrophysiologic findings of focal mononeuropathy affecting both upper extremities.

02-10-11: Maximum Medical Improvement/Impairment Rating Examination. Chief complaints: bilateral knees, right shoulder pain, left arm, left wrist, right arm, right hand, neck pain and headaches. She reported her symptoms to be sharp, achy, numbness, tingling, burning and related that her muscles are tight and stiff. She rated her pain as follows: head 8/10, neck 8-10/10, right shoulder 6-7/10, left arm 8/10, right arm 10/10, and knees 5-8/10. Impairment rating: total WP impairment rating: 9%.

02-17-12: Pre-Authorization. Requested: Cervical ESI w/fluro no levels 62310, 77003; dx 722.0, 722.4, 723.4; Reason for denial: Claimant is s/p right shoulder surgery as well as CTS release. Continues with neck and shoulder girdle pain. The provided documentation however did not show that there was any dermatomal specific pattern. Cervical MRI shows some DDD but does not show any nerve root compressions. She has had EMG's in the past, none of which demonstrated actual radiculopathy. The most recent which was in Dec 2010 and reportedly showed some irritation at C6-7 but was negative for radiculopathy. Now ESI is requested. The ODG states radiculopathy must be documented by physical exam and corroborated by imaging studies or electrodiagnostic testing. She does not meet criteria.

09-05-13: Office Visit. Claimant complained of neck and bilateral knee pain, shooting, aching, tiring, exhausting, numbing, and continuous. Since the last cervical ESI on June 20, 2013, she denied any headaches. Impression & Recommendations: neck pain, chronic 723.1, displacement Cervical intervertebral disc without myelopathy 722.0, cervical radiculopathy 723.4, knee pain, bilateral 719.46. Medications added: Flexeril 10 mg, Cymbalta 30 mg. Plan: claimant will call for a follow-up appointment.

03-03-14: UR. Reason for denial: The medication is listed as a "NO" drug in the formulary and this medication is not supported by the treatment guidelines. The ODG 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. The American Geriatric Society updated Beers criteria for inappropriate medication use includes barbiturates. Therefore denial for medication for tension headaches; Fioricet 50-300-40 mg capsules, take one three times daily, quantity requested 30 per 30 day.

03-18-14: UR. Reason for denial: The requested medication is on the "N" drug list of the ODG formulary. It is not supported. Moreover "tension headache" would not be expected sequelae of on the job injury to neck and arm. There is no documented headache complaint on 02/13/14 visit (denies any headaches).

04-21-14: Prospective Review (M2) Response. The tension headaches: Fioricet 50-300-40 mg, one capsule three times a day, #30 in a claimant with no evidence of any headaches and significant improvement with last cervical ESI treatment is not supported and is not medically reasonable or necessary at this time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determinations are upheld and agreed upon. The requested medication is listed as a “NO” drug in the formulary and this medication is not supported by the treatment guidelines. Per ODG this medication is not recommended for chronic pain. Additionally, the medication carries a high potential for dependence and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Therefore, after reviewing the medical records and documentation submitted, the request for Fioricet 50-300-40 mg capsules, take one pot id, quantity 30 for 30 day supply, no refills is not certified.

Per ODG:

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) 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. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates. (AGS, 2012) See also Opioids .
Fioricet	Not recommended. See Barbiturate-containing analgesic agents (BCAs).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**