

Case Number:	CM13-0014303		
Date Assigned:	10/03/2013	Date of Injury:	04/14/2009
Decision Date:	01/15/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 04/14/2009. This is a complex case with treating diagnoses including left thalamic pain syndrome, left hemiparesis from a stroke, dysphagia, status post pulmonary embolism, dysarthria, and insomnia. An initial physician review noted as of 03/27/2013 the patient complained of oral pain as well as headaches and constant neck pain and had upper extremity weakness at 4/5. That review notes that as of 06/26/2013 the patient was noted to complain of severe dental and gum periodontal disease. That review concluded that Fioricet was not medically necessary since the guidelines did not specifically recommend the use of a barbituratecontaining analgesic for chronic complaints of pain and as the potential for drug dependence was high. That review also noted that the medical records did not provide recent information regarding the patient's functional ability to support the necessity of a gait aid. Previously on 11/30/2012, the patient underwent a comprehensive neurological reevaluation with an extremely detailed documented medical history. At that time the patient was noted to have left-sided weakness with 4/5 strength and motor function in the hip, knee, and ankle flexion/extension and with a hemiparetic gait as well as abnormal coordination on the left side. That report indicated the patient required home assistance 9 hours per day 7 days per week for walking, cleaning, and washing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Barbiturate-Containing Analgesic Agents..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Barbiturate-Containing Analgesics, Page(s): 23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that barbiturate is 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 due to the barbiturate constituents. The MTUS guidelines therefore do not support this medication. Particularly for cases as this with neurological deficits from a stroke, there may be worsening of function from the barbiturate component. In any event, the records provided and guidelines do not provide a rationale as to why the barbiturate component would be indicated or beneficial. The request for Fioricet is not medically necessary and appropriate.

Telescoping cane: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation and the Official Disability Guidelines (ODG), Section Knee.

Decision rationale: The ACOEM guidelines indicate that "initially the patient's gait and the appearance of the knees can be observed during stance. Difficulty walking....can be observed during stance." More detailed guidelines specifically regarding indications for a gait aid can be found in the Official Disability Guidelines indicate that under walking aids, "Disability, pain, and age-related impairments seem to determine the need for a walking aid." The prior physician notes that there was not information to support a clinical rationale for a cane. The medical records in this case outline that this employee was deemed by a neurologist to be permanent and stationary with a hemiparetic gait and coordination deficits requiring 9 hours per day of home assistance for activities including walking. In this situation the guidelines would support an indication for a cane. The request for a telescoping cane is medically necessary and appropriate.