

Case Number:	CM13-0023851		
Date Assigned:	06/06/2014	Date of Injury:	12/01/2011
Decision Date:	07/14/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/13/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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/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 injured worker is a 30 year old male injured on 12/01/11 due to undisclosed mechanism of injury. Current diagnoses included cervical/trapezial sprain/strain with left upper extremity radiculitis, thoracic spine sprain/strain, left shoulder parascapular strain tendinitis and impingement, and sternal/rib fracture comminuted fracture of manubrium. Clinical note dated 08/07/13 indicated the injured worker presented reporting 70% improvement of left shoulder pain for approximately one week following subacromial injection to the left shoulder on 06/26/13 followed by continued pain and weakness increasing with lifting, pushing, and pulling. The injured worker continued to complain of neck pain radiating to the left upper extremity increased with posturing. The injured worker also reported increased headaches with numbness and tingling to the head. The injured worker utilized approximately three to five Lortab per day and Fioricet twice daily. Physical examination of the left shoulder revealed tenderness to palpation over the subacromial region, acromioclavicular joint, supraspinatus tendon, and parascapular region. Cross arm test and impingement test were positive, range of motion was decreased, and muscle weakness was 4/5 in all planes. The treatment plan included request for authorization for surgical consultation due to continued complaints, positive exam findings, positive MRI scan, and failure to improve with conservative treatment. Additionally, the request for Fioricet and Lortab, for pain was submitted. The initial request for one prescription of Fioricet #60 and Lortab 10/500mg #120 was initially denied on 08/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF FIORICET #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesics Agents (BCAS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: As noted on page 23 of the Chronic Pain Medical Treatment Guidelines, use of Fioricet, a barbiturate-containing analgesic, is not recommended for treatment of chronic pain. Research indicates the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy. Additionally, there is no indication in the documentation that establishes the benefits associated with the use of the medication. The clinical notes indicate the injured worker's pain and symptoms remain unchanged with the current medication regimen. As such, the continued use of Fioricet cannot be established as medically necessary at this time.

1 PRESCRIPTION OF LORTAB 10/500MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, as of January 2014, the Food and Drug Administration recommends health care professionals discontinue prescribing and dispensing prescription combination drug products with more than 325 mg of acetaminophen to reduce the risk of severe liver injury from inadvertent acetaminophen overdose. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of prospective request for one prescription of Lortab 10/500MG #120 cannot be established at this time.