

Case Number:	CM13-0044421		
Date Assigned:	12/27/2013	Date of Injury:	03/27/1999
Decision Date:	03/07/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation and is licensed to practice in Texas. 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 patient is a 47-year-old injured worker reported an injury on 03/27/1999. The mechanism of injury information was not provided in the medical record. Review of the medical record reveals the patient's diagnoses include ICD-9 code 854.00, and paraplegia ICD-9 code 344.1. The most recent clinical note dated 11/13/2013 revealed the patient continues to have headaches and pain. The patient states she has a morning routine which helps to control her pain. She continues to work full time, and completes ADL activities with medications. Objective findings upon examination revealed the patient had limited range of motion of the neck at end ranges. She had functional strength, and range of motion of the upper and lower extremities. The patient was nontender to palpation across her neck and cervical spinous processes. It is noted in the progress note dated 11/05/2013 that the patient was weaned off Norco since she did not like the way she felt taking it. A letter written by [REDACTED], NP, MSN, dated 11/05/2013 states that the Norco was discontinued by the client due to side effects and was poorly tolerated by the client.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 1 PO, Q6 hrs, prn #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines with the use of an opioid for ongoing pain management, it is documented that they must have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There should also be documented pain assessments provided in the medical record as well. Since there is no clinical documentation provided in the medical record of any significant changes in the patient's pain relief, functional status, or appropriate medication use, the medical necessity for continued use of this medication cannot be supported. Also, it is stated in the medical record on a clinical letter dated 11/05/2013 that the patient has been weaned off the requested medication due to her intolerance of the medication. The request for Norco 10/325 mg, 1 tablet every 6 hours as needed #120 tablets, is not medically necessary and appropriate.

Fioricet 1 PO, Q8hr, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines, it is stated that barbiturate-containing analgesic agents are not recommended for chronic pain. There is a potential for drug dependence, and no evidence exists to show an important enhancement of analgesic efficacy of barbiturate-containing analgesic agents. Due to the barbiturate constituents, there is a risk of medication overuse as well as rebound headaches. As the patient's condition is a chronic migraine and guidelines state that the medication is not recommended for chronic pain, the medical necessity for continued use of Fioricet cannot be supported. The request for Fioricet 1 tablet every 8 hours #90 tablets is not medically necessary and appropriate.

Lunesta 2mg, 1 PO, @HS, #30: Upheld

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

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

Decision rationale: The Official Disability Guidelines state that long term use may result in further functional impairment, increased pain levels, and levels of depression, which would be counterproductive. As there is no documentation provided in the medical record that describes any failure of behavioral interventions, including following sleep hygiene techniques, it is also stated that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation provided in the medical records

identifying that there has been a careful evaluation of potential causes of the sleep disturbance. The request for Lunesta 2 mg 1 tablet at bedtime #30 tablets is not medically necessary and appropriate.