

Case Number:	CM13-0044542		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2003
Decision Date:	02/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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, Pain Management, has a subspecialty in Interventional Spine 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:

This is a 57 year-old female medical assistant who was injured on 7/31/13 when she slipped and fell on a wet bathroom floor, landing on her back and hitting the back of her head on the tile floor. The neurologist [REDACTED] on 9/26/13, lists the diagnoses as: s/p slip and fall injury with closed head injury; post traumatic and muscle tension headache related to paraspinal muscle pain; anxiety and depressive mood, situational; sleep disturbance; cervical, thoracic, and lumbosacral paraspinal strain, post traumatic, r/o cervical discopathy. The 9/26/13 neurology report recommends brain MRI to rule out post traumatic brain abnormality. According to the 12/12/13 appeal from [REDACTED], the patient was prescribed Fioricet and Ativan by [REDACTED]. Currently, the patient presents with headaches, neck, upper and lower back pain, radiation down both legs, and down the left upper extremity; with stomach pain, nervousness and heart palpitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the brain without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Brain MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG Head Chapter online for Magnetic Resonance Imaging (MRI)

Decision rationale: The 11/7/13 report from the neurologist notes focal hyperintense lesions in the left frontal subcortical white matter. It had a nonspecific appearance and further evaluation with contrast was recommended. ODG guidelines were consulted as MTUS/ACOEM did not discuss brain MRI. ODG recommends these "to define evidence of acute changes super-imposed on previous trauma or disease". The request appears to be in accordance with ODG guidelines.

Prescription for Fioricet of unknown quantity and dosage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Fioricet Page(s): 23, 47.

Decision rationale: Fioricet was first prescribed by [REDACTED] on her 9/26/13 report, however, the report did not provide a complete prescription. The strength and total number of tablets or duration was not provided. The 11/7/13 report from [REDACTED] shows the patient is still being prescribed Fioricet. MTUS states Fioricet is "Not recommended for chronic pain" The use of Fioricet is not in accordance with MTUS guidelines, therefore, is not medically necessary.

Prescription of Ativan .5mg of unknown quantity and dosage: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Ativan is a benzodiazepine that was first prescribed by [REDACTED] on 9/26/13. The 9/26/13 report did not provide a complete prescription, the total number of tablets and duration was not listed. MTUS states this is not to be used over 4 weeks. The records the patient was continued on Ativan on 11/7/13. The continued use of Ativan over 4 weeks is not in accordance with MTUS guidelines, therefore, is not medically necessary.