

Case Number:	CM13-0044597		
Date Assigned:	01/10/2014	Date of Injury:	01/05/2008
Decision Date:	03/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 Family Practice, 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 patient is a 67-year-old female who reported an injury on 01/05/2006. The patient was throwing out the garbage from an office trash can; and the patient fell, and her right foot twisted. The patient's diagnoses were noted to be musculoligamentous injury of the cervical, thoracic and lumbar spines and rule out disc protrusion. There was no physical examination submitted for the years 2013 or 2014. The submitted request was for Fioricet #60 and Prilosec 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend barbiturate-containing analgesic agents for chronic pain. There was no documentation submitted for review to indicate the duration that the patient had been on the medication. There was a lack of documentation for the years 2013 or 2014. As such, the request for Fioricet #60 is not medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 69.

Decision rationale: The California MTUS Guidelines indicate that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. There was a lack of documentation from the year 2013 and 2014 to support the request. There was a lack of documentation indicating that the patient had signs and symptoms of dyspepsia and the efficacy of the requested medication. Given the above, the request for Prilosec 20 mg #60 is not medically necessary.