MAXIMUS Federal Services

Case Number:	CM13-0047249		
Date Assigned:	12/27/2013	Date of Injury:	03/26/2003
Decision Date:	03/18/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/05/2013

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, 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:

The patient is a 43-year-old male with a date of injury of 03/26/2003. The listed diagnoses per [redacted] dated 10/07/2013 are: (1) Headaches on a cervical musculoskeletal basis, (2) Lumbar strain/sprain, (3) Cervical sprain/strain, (4) Cervical radiculitis. According to report 10/07/2013, the patient presents with neck pain, lower back pain, and headaches. Patient describes lower back pain as "usually during exercise with such efforts as running." Patient also notes neck pain which has "persisted and develops into a severe headache." It was noted that the headaches started approximately 1 month or so ago. The patient states the sensation is as if "his head is too heavy for his neck." No further examination was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #100 x 1 year authorization request for refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88,89.

Decision rationale: This patient presents with neck pain, low back pain, and headaches. Treater requests Motrin 800 mg "as it has been successful." Utilization review dated 10/31/2013 modified certification from #100 plus 1 year authorization for refills to #100 plus 3-month supply. The MTUS Guidelines page 22 supports use of NSAIDs for chronic lower back pain as a first-line of treatment. Anti-inflammatory are the traditional first-line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted. The requested Motrin 800 #100 plus 1 year of refills is not recommended as long term use may not be warranted.

Fiercest #40 x 1 year authorization request for refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88-89.

Decision rationale: The patient presents with neck pain, low back pain and headaches. Treater requests Fiercest 320 mg #40 plus 1 year authorization for refills. Utilization review dated October 31, 2013 modified certification from #40 plus 1 year authorization for refills to only 1-month supply. For barbiturate-containing analgesic agents, the MTUS Guidelines do not recommend for chronic pain. "The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents (meclizine 2000)". There is a risk of medication overuse as well as rebound headache. The requested Fioricet 320 mg #40 plus 1 year authorization for refills is not medically necessary and recommendation is for denial.