

Case Number:	CM13-0050584		
Date Assigned:	12/27/2013	Date of Injury:	02/08/2012
Decision Date:	07/29/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 39-year-old male who was reportedly injured on 2/8/2012 the mechanism of injury was noted as an electrocution injury. The most recent progress note, dated 2/12/2014, indicated that there were ongoing complaints of headache, neck pain radiating into the left arm, and left shoulder pain. The physical examination demonstrated cervical restricted range of motion due to pain and tenderness in the paracervical muscles and trapezius and shoulder restricted motion due to pain. The injured worker had a positive Hawkins test and a positive crossover test. The injured worker's neurological exam showed, motor strength deltoid 3/5 and forearm 3/5. No diagnostic studies were available for review today. The previous treatment included medication such as Clonazepam, Norco 10/325, Trazodone, Topamax, Escitalopram, Fioricet, and Gabapentin. A request was made for Fioricet 50/325/40 mg #120 and Vicodin 5/500 mg #90 and was not certified in the pre-authorization process on 10/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET 50/325/40MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Chronic Pain Medical Treatment Guidelines, , 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 23 of 127.

Decision rationale: Barbiturate-containing analgesic agents (BCAs) such as Fioricet is not recommended 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 (McLean, 2000). There is a risk of medication overuse as well as rebound headache (Friedman, 1987). After review of the clinical documentation, there was no objective clinical documentation on the physical examination to warrant the continued use of this medication. The chronic pain medical treatment guidelines do not support the continuation of this medication. Therefore, the request for this medication refill is deemed not medically necessary.

VICODIN 5/500MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Chronic Pain Medical Treatment Guidelines, , 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 of 127.

Decision rationale: Vicodin is a short-acting opioid combined with acetaminophen. The California MTUS supports use of short-acting opiates for the short-term management of moderate to severe breakthrough pain. The management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffered from chronic pain; however, there was no objective clinical documentation of improvement in the pain or function with the current regimen. The request for continuation of this medication is deemed not medically necessary lacking appropriate documentation.