

Case Number:	CM13-0066964		
Date Assigned:	01/03/2014	Date of Injury:	03/14/2011
Decision Date:	04/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/17/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 49-year-old male who reported injury on 03/14/2011. The mechanism of injury was a slip and fall from a roof to the ground, approximately 25 feet. The patient's medication history included anti-inflammatories as of 03/2013. The patient's medications as of the documentation of 12/10/2013 were noted to be Fioricet, naproxen, and Omeprazole, as well as Flexeril and atenolol. The patient's pain was noted to be a 4/10 on the pain scale. The patient was noted to have no constipation and the same physical activity. The patient's diagnoses were noted to include post-concussive symptoms, cervical spine sprain/strain, lumbosacral spine sprain/strain, traumatic headaches, and symptom magnification. The request was made for a neuro-psychological evaluation and treatment, an EEG and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet TID #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 (BCAs) Page(s): 23.

Decision rationale: California MTUS Guidelines do not recommend barbiturate-containing analgesic agents for pain. The clinical documentation submitted for review indicated the patient was in for a medication refill, as well as other treatment. There was a lack of documentation of the duration for the medication. There was lack of documentation indicating the functional benefit received from the medication. Given the above, the request for Fioricet TID #90 is not medically necessary.

Naprosyn 550 mg: 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 NSAIDS Page(s): 67.

Decision rationale: California MTUS Guidelines indicate that NSAIDs are recommended for short term symptomatic pain relief. There should be documentation of objective functional improvement and an objective decrease in the VAS score. The clinical documentation submitted for review indicated the patient had been taking the medication since 03/2013. There was lack of documentation of an objective functional improvement and an objective decrease in the VAS score. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Naprosyn 550 mg is not medically necessary.

Omeprazole 40 mg: 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 NSAIDS Page(s): 69.

Decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the duration for the requested medication. However, the medication was noted to be refilled on the date of service, 12/10/2013. There was lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Omeprazole 40 mg is not medically necessary.