

Case Number:	CM14-0000463		
Date Assigned:	03/03/2014	Date of Injury:	06/17/2003
Decision Date:	06/13/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine, 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 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 patient has submitted a claim for history of head trauma and concussion, cervical sprain/strain, and lumbar sprain/strain associated with an industrial injury date of June 17, 2003. The treatment to date has included oral analgesics, physical therapy, diagnostic facet injections at L4-5 and L5-S1 (11/27/2012), and radiofrequency ablation of the facet joints in the lumbar area (05/28/2013). The medical records from 2012 to 2013 were reviewed and showed complaints of severe headaches, neck pain, low back pain more on the left side, and left lower extremity pain. The patient reports pain and numbness radiating to the lower extremity, more to the left. A physical examination showed parapatellar tenderness and significant tenderness over the medial border of the left knee joint; lower extremity edema, paravertebral muscle spasm, and tenderness over the lower lumbar region, more on the left side. The diagnostic impressions were history of head trauma and concussion, cervical and lumbar spine strain, sacroiliac joint arthropathy, lumbar facet arthropathy at L4-5 and L5-S1, anxiety, and depression. The current medications include Zolof 100mg 1.5 tab daily; trazodone 100mg oral (PO) daily at night (ODHS); Fioricet twice a day (BID) as needed (PRN) for headaches; Zegerid 40mg oral (PO) daily; intermittent use of tramadol for severe pain; and Avodart 0.5mg daily (OD) for prostate problems. Zolof and Trazodone causes significant acid reflux for which he took several antacids, but it was only relieved with Zegerid. The utilization review dated December 4, 2013, denied the requests for Fioricet twice a day (BID) as needed (PRN), because there was no description of a tension headache, and what the cause of the headache is thought to be; Zegerid 40mg oral (PO) daily, because there is no documentation of any type of gastroesophageal reflux disease (GERD) or gastritis; and Avodart 0.5mg oral (PO) daily due to no discussion of the causal relationship of patient's benign prostate hyperplasia (BPH) to the industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO REQUEST FOR MEDICATIONS FLORICAL BID AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 23. Decision based on Non-MTUS Citation FOOD AND DRUG ADMINISTRATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE CONTAINING ANALGESIC AGENTS (BCAs), Page(s): 23.

Decision rationale: The Chronic Pain guidelines state that barbiturate-containing analgesic agents such as Fioricet (butalbital, acetaminophen, and caffeine) is not recommended for chronic pain. There is no clinical evidence concerning the analgesic effectiveness of barbiturate-containing analgesics; and there is risk of medication overuse as well as rebound headache. In this case, the patient complains of severe headaches for which Fioricet was used as far back as June 2013; however there had been no documentation concerning overall pain improvement and functional gains derived from this medication specifically. Fioricet is not recommended for chronic pain, and this may cause rebound headaches. There is no discussion concerning the need for variance from the guidelines. Moreover, the amount of medication needed to dispense was not specified. Therefore, the retrospective request for Fioricet twice-a-day (BID) as needed (PRN) is not medically necessary.

RETRO REQUEST FOR MEDICATIONS ZEGRID 40 MG PO DAILY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DRUGS.COM, ZEGRID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The Chronic Pain guidelines state that proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age greater than 65; history of peptic ulcer, gastrointestinal (GI) bleed, or perforation; concurrent use of aspirin (ASA), corticosteroids, or anticoagulant; and high dose or multiple non-steroidal anti-inflammatory drug (NSAID) use. Use of proton pump inhibitor (PPI) greater than one (1) year has been shown to increase the risk of hip fracture. In this case, the patient has been using Zegerid as far back as June 2013, for GI upsets due to Zoloft and Trazodone intake. However, the patient is not at high risk for developing gastrointestinal events due lack of risk factors as stated above. Moreover, this medication is not recommended for long-term use. Therefore, the retrospective request for Zegerid 40mg oral (PO) daily is not medically necessary.

RETRO REQUEST FOR MEDICATIONS AVODART 0.5 MG PO DAILY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DRUGS.COM, AVODART.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FOOD AND DRUG ADMINISTRATION (FDA), 5-ALPHA REDUCTASE INHIBITORS (5-ARIs).

Decision rationale: According to the Food and Drug Administration, Dutasteride is a 5-alpha reductase inhibitor approved to improve symptoms of an enlarged prostate gland (benign prostatic hyperplasia or BPH). In this case, medical records show that the patient has prostate problems. The patient has been prescribed Avodart as early as June 2013. However, there was no documentation of subjective complaints that support the impression of prostate problems. There is likewise no report of functional gains derived from its use. The medical necessity has not been established. Therefore, the retrospective request for Avodart 0.5mg oral (PO) daily is not medically necessary.