

Case Number:	CM14-0008283		
Date Assigned:	02/10/2014	Date of Injury:	05/01/2008
Decision Date:	08/05/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/22/2014

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 is a 48-year-old female who has submitted a claim for cervical disc disease, cervical radiculopathy, status post bilateral shoulder arthroscopy, and status post right elbow surgery associated with an industrial injury date of 05/01/2008. Medical records from 2013 were reviewed. The patient complained of pain at the cervical and lumbar spine, rated 6-7/10 in severity, described as dull and burning. Pain radiated to bilateral upper and lower extremities. Patient likewise complained of headache. Physical examination showed multiple trigger points, tenderness, and muscle spasm at bilateral trapezius. Range of motion of the cervical and lumbar spine was restricted. Spurling sign was positive bilaterally. Sensation was diminished at the right C6 dermatome. Weakness of the right C7 to T1 myotomes was noted. Reflexes were normal. Treatment to date has included bilateral shoulder arthroscopy, right elbow surgery, trigger point injection, home exercise program, and medications such as Tramadol, Fexmid, Dendracin lotion, Tylenol, and Fioricet. Utilization review from 01/03/2014 denied the request for Tylenol number 3, #60 for DOS 11/19/2013 because of lack of documentation concerning ongoing opioid management and denied Fioricet #60 for DOS 11/19/2013 because it was not recommended for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine and Opioids Page(s): 35, 80.

Decision rationale: Tylenol #3 (Tylenol with codeine) is a brand name for acetaminophen with codeine. According to California MTUS Chronic Pain Medical Treatment Guidelines page 35, Codeine is recommended as an option for mild to moderate pain. Page 80 states that opioids appear to be efficacious for chronic back pain but limited for short-term pain relief. There is no evidence to recommend one opioid over another. In this case, patient has been on Tylenol since November 2013. However, there was no documentation concerning objective pain relief and functional improvement derived from its use. Therefore, the request for Tylenol #3 #60 is not medically necessary.

FIORICET #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: As stated on page 23 of the California MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics (BCAs) are 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. There is a risk of medication overuse as well as rebound headache. In this case, the patient was prescribed Fioricet for headaches since November 2013. However, guidelines do not recommend its use. There was no discussion concerning need for variance from the guidelines. Therefore, the request for Fioricet qty: 60 is not medically necessary.