

Case Number:	CM14-0010598		
Date Assigned:	02/21/2014	Date of Injury:	03/01/2009
Decision Date:	06/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/27/2014

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 applicant has filed a claim for chronic pain syndrome, chronic wrist pain, elbow pain, and hand pain reportedly associated with cumulative trauma at work first claimed on March 1, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; earlier epicondylar release surgery; transfer of care to and from various providers in various specialties; and topical compounds. A January 24, 2014 progress note is notable for comments that the applicant reported persistent elbow and hand pain with attendant headaches and paresthesias. The applicant was on Imitrex, butalbital, and a flurbiprofen containing topical compound, it was stated. Tenderness and a heel scar were appreciated about the lateral epicondyle of the elbow. The medications in question were new. The applicant was asked to pursue Social Security Disability Insurance (SSDI). Multiple progress notes interspersed throughout 2010 and 2011 were notable for comments that the applicant remained off of work, on total temporary disability, during those timeframes. On December 30, 2013, the attending provider concluded that the applicant's difficulties were a function of cumulative trauma over several years of prior employment. In a progress note dated December 20, 2013, the applicant was again placed off of work on total temporary disability. The applicant was again reporting headaches, it was stated. The attending provider stated that the applicant was improving with medications, but did not detail how the medications in question were beneficial. The applicant was asked to obtain a psychiatry evaluation and an internal medicine evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET (BUTALBITAL APAP) 50/325/40MG, #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 Analgesics, Page(s): 23.

Decision rationale: As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as Fioricet are not recommended in the treatment of chronic pain, as is present here. In this case, it is further noted that as with the other medications, the applicant has failed to clearly demonstrate any lasting benefit or functional improvement despite ongoing usage of Fioricet. The applicant remains highly reliant on numerous other analgesic medications. The applicant is off of work, on total temporary disability. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Fioricet. Therefore, the request was/is not medically necessary.

FLURBIPROFEN 30GM 25% TOPICAL CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2007, Elbow Complaints Chapter, pages 21-22, Topical NSAIDs.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not specifically discuss usage of topical NSAIDs for lateral epicondylitis, the issue reportedly present here. While the 2007 ACOEM Guidelines, Elbow Complaints Chapter, in page 22, does note that topical NSAIDs are moderately recommended as a treatment option, in this case, however, the applicant has been using the topical compounded flurbiprofen containing gel in question for several months, at a minimum. There has, as with the other agents, been no clear demonstration or functional improvement despite ongoing usage of the same. The applicant has failed to return to work. The applicant's pain complaints are heightened as opposed to this. The applicant remained highly reliant on various forms of medical treatment. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the flurbiprofen containing gel. Therefore, the request was/is not medically necessary.

IMITREX (SUMATRIPTAN SUCCINATE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), Imitrex Drug Guide.

Decision rationale: The MTUS does not address the topic. As noted in the Physicians' Desk Reference (PDR), Imitrex or sumatriptan is indicated in the treatment of acute migraine headaches in adults and/or acute cluster headaches in adults with or without aura. In this case, however, there is no mention of the applicant carrying a diagnosis of migraine headaches on any recent progress note provided. The applicant was seemingly described as having ongoing complaints of neck pain and headaches; however, these did not clearly appear to be migrainous in nature. The applicant does not seemingly report associated complaints of nausea, photophobia, phonophobia, etc., in conjunction with the headaches in question. Therefore, the request was/is not medically necessary.