

Case Number:	CM14-0017419		
Date Assigned:	04/14/2014	Date of Injury:	10/28/2008
Decision Date:	11/05/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 51-year-old female who reported an injury on 10/28/2008. The medical records were reviewed. The mechanism of injury was not submitted for clinical review. The diagnoses included cervicalgia, cervical spine sprain/strain, left shoulder sprain/strain, left upper extremity paresthesia, left sided rib fracture, thoracic spine sprain/strain, stress, anxiety and depression. Previous treatments included physical therapy, medication, surgery and epidural steroid injections. The diagnostic testing included an EMG/NCV. Within the clinical note dated 03/20/2014, it was reported the injured worker complained of neck and left shoulder pain which radiated to the left arm. The injured worker reported that she had pain in her upper back area on the left side, which radiated to the left chest wall. She complained of myofascial pain. Upon the physical examination the provider noted the injured worker had paracervical muscle spasms and tenderness. There was tenderness noted over the superior border of the trapezius muscles on the left side. The injured worker had decreased sensation to light touch in her left arm compared to the right side. There is decreased sensation to light touch on the left side of the chest wall. The provider requested Fioricet, Norco, Prilosec and Lidoderm patches. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #60: Upheld

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

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

Decision rationale: The request for Fioricet #60 is not medically necessary. The California MTUS Guidelines do not recommend Fioricet for chronic pain. The guidelines note Fioricet has a high drug dependence rate and there is no clinical study to show the analgesic efficacy. There is risk of overuse and rebound headaches. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, this request is not medically necessary.

Norco 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

Decision rationale: The request for Norco 10/325 #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The use of a urine drug screen was not submitted for clinical review. The provider failed to document an adequate and complete pain assessment within the documentation. Therefore, this request is not medically necessary.

Prilosec 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #60 is not medically necessary. The California MTUS Guidelines note that proton pump inhibitors, such as Prilosec, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors include over the age of 65 years, history of peptic ulcer, gastrointestinal bleed or perforation, use of corticosteroid and/or an anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking

NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the clinical documentation submitted did not indicate the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, this request is not medically necessary.

LIDODERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS Page(s): 111-112.

Decision rationale: The request for Lidoderm patches is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines also note that Lidoderm is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of documentation indicating the injured worker had tried and failed a trial of antidepressants or anticonvulsants. The request submitted failed to provide the treatment site and the quantity. Therefore, this request is not medically necessary.