

Case Number:	CM14-0126331		
Date Assigned:	09/05/2014	Date of Injury:	08/17/2009
Decision Date:	10/03/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/08/2014

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 Orthopedic Surgery 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 claimant is a 57-year-old male who sustained a vocational injury on August 17, 2009. The medical records provided for review include an office note dated July 9, 2014 that identified the diagnoses of right shoulder rotator cuff tear status postsurgical intervention, right shoulder impingement status postsurgical intervention, acromioclavicular joint arthrosis, C5-6 and C6-7 anterior cervical discectomy and fusion, lumbar sprain and migraine headaches. At the office visit the claimant stated that his neck was tight and may be causing a migraine, his lumbar spine was sore, and he had difficulty lifting with his right shoulder. Examination of the cervical spine demonstrated a well-healed surgical scar on the anterolateral side of the neck, areas of tenderness on palpation from the cranium to T1 including the rhomboids and trapezius, and restricted cervical range of motion. Examination of the right shoulder revealed a well healed linear scar, range of motion of the right shoulder was restricted in abduction to 80 degrees; however the rest of the motion was noted to be within normal limits. Grip and grasp weakness in the right hand was appreciated compared to the left. Examination of the lumbosacral spine showed a slightly antalgic gait using a single point cane, heel and toe ambulation could not be conducted, there was pain with palpation at the L4-5 and L5-S1 levels, and flexion past 50 degrees was painful. Extension was somewhat restricted and painful. Bilateral, lateral flexion and rotation along with extension were restricted. Straight leg raising from the supine position was negative at 90 degrees bilaterally. Sensation was intact to light touch and pinprick on all dermatomes in the lower extremities. Deep tendon reflexes were 1+ bilaterally. The report of an MRI of the lumbar spine without contrast dated June 23, 2014 showed multilevel degenerative disc disease of the lumbar spine worse at L4-5 and L5-S1 and a mild 'S' shaped thoracolumbar spinal curvature. This review is for Fioricet (strength unspecified), dispense #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet (strength unspecified), qty 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs); see also Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Barbiturate-containing analgesic agents (BCAs), Opio.

Decision rationale: California Chronic Pain Medical Treatment Guidelines state that Fioricet is a barbiturate containing an analgesic agent and that barbiturates containing analgesic agents are not recommended for chronic pain as the drug dependence risk is high and there is no evidence existing to show clinically important enhancement of analgesic efficacy of BCA's due to the barbiturate constituents. In addition, there is a risk of medication overuse as well as rebound headache. Therefore, based on the Chronic Pain Guidelines, the request for Fioricet is not medically necessary.

Tramadol 100mg, qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids, criteria for use Page(s): 75, 93-94, 76-95, 113.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines note that the continued use of opioids is appropriate only if documentation from providers supports that the lowest dose possible is currently being used, there is ongoing and routine review of functional status to include objective improvement, appropriate medication use and monitoring of side effects and use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control are appropriately documented. The medical records provided for review do not contain any documentation to confirm that there is ongoing appropriate management of Tramadol to include a recent drug test, an attempt at weaning and tapering off the medication, documentation that the claimant's functional status and appropriate objective improvement is noted, recent risk assessment profile has been performed and documentation that the claimant is using the medication appropriately. Also, there is lack of recent abnormal physical exam objective findings to support the need for the requested medication. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for the continued use of Tramadol is not medically necessary and appropriate.